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ABSTRACT

This document, which is intended to serve as a guide for workforce preparation program providers, details the Illinois occupational skill standards for programs preparing students for employment as surgical technologists. The document begins with a brief overview of the Illinois perspective on occupational skill standards and credentialing, the process used to develop the skill standards, and assumptions underlying the standards. Presented next are skill standards for 49 tasks typically performed by surgical technologists in the preoperative, intraoperative, and postoperative phases of treatment. Each skill standard statement contains the following components: (1) the actual skill standard (including the conditions of performance, work to be performed, and performance criteria); (2) performance elements and assessment criteria; and (3) a recommended assessment and credentialing approach. The following are among the tasks for which skill standards are provided: obtain appropriate sterile and unsterile items for procedures; maintain highest standards of aseptic technique during procedures; and assist with preparing operating rooms for subsequent patients. Appended are the following: glossary; lists of Illinois Occupational Skill Standards and Credentialing Council, Health and Social Sciences Subcouncil, and Surgical Technologist Standards Development

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Committee members; Health and Social Sciences Subcouncil Surgical Technologist Standards recognition proposal; and a list of necessary workplace skills. (MN)

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ILLINOIS

OCCUPATIONAL SKILL STANDARDS

SURGICAL TECHNOLOGIST

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ILLINOIS OCCUPATIONAL SKILL STANDARDS
SURGICAL TECHNOLOGIST

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ILLINOIS OCCUPATIONAL SKILL STANDARDS

SURGICAL TECHNOLOGIST

Endorsed for Illinois
by the
Illinois Occupational Skill Standards and
Credentialing Council

MESSAGE TO ILLINOIS CITIZENS

Dear Citizens of Illinois:

Preparing youth and adults to enter the workforce and to be able to contribute to society throughout their lives is critical to the economy of Illinois. Public and private interest in establishing national and state systems of industry-driven skill standards and credentials is growing in the United States, especially for occupations that require less than a four-year college degree. This interest stems from the understanding that the United States will increasingly compete internationally and the need to increase the skills and productivity of the front-line workforce. The major purposes of skill standards and credentialing systems are to promote education and training investment and ensure that this education and training enable students and workers to meet industry standards that are benchmarked to our major international competitors.

The Illinois Occupational Skill Standards and Credentialing Council (IOSSCC) has been working with industry subcouncils, the Illinois State Board of Education and other partnering agencies to adopt, adapt and/or develop skill standards for high-demand occupations. This document represents the work of the Health and Social Services Subcouncil and the associated standards development committee. Through this collaborative effort, skill standards products are being developed for a myriad of industries, occupational clusters and occupations. Upon completion of these products, there will be a period of feedback and comment from business, industry and labor representatives, as well as educators.

These documents will serve as guides to workforce preparation program providers to define content for their programs and to employers to establish the skills and standards necessary for job acquisition. These standards will also serve as a mechanism for communication among education, business, industry and labor.

We encourage you to review these standards and share your comments. This effort has involved a great many people from business, industry and labor. Comments regarding their usefulness in curriculum and assessment design, as well as your needs for inservice and technical assistance in their implementation, are critical to our efforts to move forward and improve the documents. A feedback instrument is included with this document.

Questions concerning this document may be directed to:

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We look forward to your comments.

Sincerely,

The Members of the IOSSCC

THE ILLINOIS PERSPECTIVE

The Illinois Occupational Skill Standards and Credentialing Council (IOSSCC) endorses occupational skill standards and credentialing systems for occupations that (a) require basic workplace skills and technical training, (b) provide a large number of jobs with either moderate or high earnings, and (c) provide career advancement opportunities to related occupations with moderate or high earnings. The nine-member Council was established by the Occupational Skill Standards Act (PA 87-1210). The council, representing business, industry and labor and working with the Illinois State Board of Education in partnership with the Illinois Community College Board, Illinois Board of Higher Education, Illinois Department of Employment Security and Illinois Department of Commerce and Community Affairs, has created a common vision for workforce development in Illinois.

Vision

It is the vision of the IOSSCC to develop a statewide system of industry-defined and recognized skill standards and credentials for all major skilled occupations providing strong employment and earnings opportunities in Illinois. Information related to occupational employment and earning opportunities is determined by the Illinois Occupational Information Coordinating Committee (IOICC) in cooperation with business and industry.

Subcouncils and Standards Development Committees

The Council developed industry subcouncils (representing all major industries in Illinois) to review, approve and promote occupational skill standards and credentialing systems. In cooperation with organizations such as the Illinois Chamber of Commerce, the Illinois AFL-CIO, the Illinois Manufacturers' Association and others, the Council established the first five subcouncils in 1995—Agricultural and Natural Resources, Manufacturing, Health and Social Services, Hospitality, and Business and Administrative/Information Services.

The remaining subcouncils include Applied Science and Engineering Services; Legal and Protective Services; Transportation, Distribution and Logistics; Educational Services; Financial Services; Marketing and Retail Trade; Communications; Construction; and Energy and Utilities.

The Standards Development Committees, composed of business, labor and education representatives, are experts in the related occupational cluster and work with the product developer to

- develop or validate occupational skill standards,
- identify related academic skills,
- develop or review assessment or credentialing approaches, and
- recommend endorsement of the standards and credentialing system to the industry subcouncil.

Expected Benefits for Employers, Educators, Students and Workers

Occupational skill standards and credentialing systems are being developed and promoted by the IOSSCC to improve Illinois' competitiveness. Such standards and credentialing systems provide a common language for employers, workers, students and education and training providers to communicate skill requirements and quality expectations for all major industry and occupational areas.

For Employers, skill standards will

- Improve employee recruitment and retention by more clearly identifying skill requirements,
- Encourage improved responsiveness and performance of education and training providers,
- Enlarge the pool of skilled workers,
- Focus attention on the importance of training investment.

For Education and Training Providers, skill standards will

- Provide information on all major industries and occupations,
- Contribute to program and curriculum development,
- Strengthen relationships between educators and training providers,
- Improve career planning.

For Students and Workers, skill standards will

- Foster better decision making concerning careers and the training necessary to acquire well-paying jobs,
- Allow more effective communication with employers about what they know and can do,
- Allow more effective work with employers in career development and skill upgrading.

IOSSCC Requirements for Occupational Skill Standards

Any occupational skill standards and credentialing system seeking IOSSCC endorsement must

- represent an occupation or occupational cluster which meets the criteria for IOSSCC endorsement;
- address both content and performance standards for critical work functions and activities for an occupation or occupational area;
- ensure formal validation and endorsement by a representative group of employers and workers within an industry;
- provide for review, modification and revalidation by an industry group a minimum of once every five years;
- award credentials based on assessment approaches that are supported and endorsed by the industry and consistent with nationally recognized guidelines for validity and reliability;
- provide widespread access and information to the general public in Illinois;
- include marketing and promotion by the industry in cooperation with the partner state agencies.

Definitions and Endorsement Criteria

The definitions and endorsement criteria are designed to promote the integration of existing and future industry-recognized standards, as well as the integration of the Illinois academic and occupational skill standards. Because all skill standards must address the critical work functions and activities for an occupation or industry/occupational area, the Council further defined three major components:

- ***Conditions of Performance:*** The information, tools, equipment and other resources provided to a person for a work performance.
- ***Statement of Work:*** A description of the work to be performed by a person.
- ***Performance Criteria:*** The criteria used to determine the required level of performance. These criteria could include product characteristics (e.g., accuracy levels, appearance), process or procedural requirements (e.g., safety, standard professional procedures) and time and resource requirements. The IOSSCC also requires performance criteria to be further specified by detailed individual performance elements and assessment criteria.

The IOSSCC is currently working with the Illinois State Board of Education and other state agencies to integrate the occupational standards with the Illinois Learning Standards which describe what students should know and be able to do as a result of their education. The Council is also working to integrate workplace skills—problem solving, critical thinking, teamwork, etc.—with both the Learning Standards and the Occupational Skill Standards.

The Illinois Model

Illinois Occupational Skill Standards describe what people should know and be able to do and how well these skills and knowledge will be demonstrated in an occupational setting. They focus on the most critical work performances for an occupation or occupational area. As seen in the following model, Illinois Occupational Skill Standards contain at least these areas:

- Performance Area
- Performance Skill
- Skill Standard
- Performance Elements
- Assessment Criteria and Credentialing Approach

Illinois Occupational Skill Standards also carry a coding at the top of each page identifying the state, fiscal year in which standards were endorsed, subcouncil abbreviation, cluster abbreviation and standard number. For example, the twenty-fifth skill standard in the Surgical Technologist, which has been developed by the Health and Social Services Subcouncil, would carry the following coding: IL.99.HSS.ST.25

A model for Illinois Occupational Skill Standards showing the placement of the coding and providing a description of each area within a standard is contained on the following page.

SUMMARY OF WORK TO BE PERFORMED. SUMMARY IS BRIEF AND BEGINS WITH AN ACTION VERB.

IL FY SUBCOUNCIL CLUSTER STANDARD NO.

PERFORMANCE AREA

SKILL STANDARD

CONDITIONS OF PERFORMANCE

A comprehensive listing of the information, tools, equipment and other resources provided to the person(s) performing the work.

WORK TO BE PERFORMED

An overview of the work to be performed in demonstrating the performance skill standard. This overview should address the major components of the performance. The detailed elements or steps of the performance are listed under "Performance Elements."

PERFORMANCE CRITERIA

The assessment criteria used to evaluate whether the performance meets the standard. Performance criteria specify product/outcome characteristics (e.g. accuracy levels, appearance, results) and process or procedure requirements (e.g. safety requirements, time requirements).

PERFORMANCE ELEMENTS

Description of the major elements or steps of the overall performance and any special assessment criteria associated with each element.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Listing of required testing, certification and/or licensing.

Product and process used to evaluate the performance of the standard.

PRODUCT

Description of the product resulting from the performance of the skill standard.

PROCESS

Listing of steps from the Performance Elements which must be performed or the required order of performance for meeting the standard.

DEVELOPMENTAL PROCESS

After reviewing the current labor market information, the Health and Social Services Subcouncil recommended the development of skill standards for Surgical Technologists. The identified career, Surgical Technologist, meets the criteria established by the Council for performance skill standard development, education and training requirements, employment opportunities, earnings potential and career opportunities. A product developer knowledgeable about Surgical Technology began the process of performance skill identification. The product developer prepared an outline and framework designed to address the major skills expected in the workplace. The framework addresses skill requirements common to surgical units in the medical industry.

Job descriptions from surgical units and competencies addressed in related educational programs were solicited and received. The Association of Surgical Technology standards for surgical technologists was consulted. Common and accepted references provided reinforcement for the direction given in the framework. Those references included current texts used by educational institutions and the Committee on Accreditation of Allied Health Education Programs.

A Standards Development Committee composed of educators and workers from the Surgical Technology field was convened. The framework, initial outline, matrix and draft skill standards were presented to the Standards Development Committee for review, revision, adjustment and validation. Additional skill standard statements with performance elements and assessment criteria were developed in accordance with the direction established by the Illinois Occupational Skill Standards and Credentialing Council and presented to the Standards Development Committee for review and revision. Surgical Technology program directors joined the Standards Development Committee at a third meeting to review consistency in terminology and the assessment criteria. The assessment criteria include a product statement that indicates the outcome or end result of performing the skill. A process statement is included on the skill standards to identify the steps of performance that are critical to the outcome and/or a specific sequence that must be followed.

Performance elements and assessment criteria were developed using standard references. The initial and concluding parts of the format establish a standard of personal conduct and provide a reminder of expected workplace behaviors. The central section varies in length and outlines the specific criteria expected for evaluation in the learning environment and for entry into the workplace. Health care providers will view the skill standards in relation to the facility's philosophy, maintaining an awareness of safety, client/patient rights and infection control. The criteria are behavioral statements of skill standards. As such, they serve as an evaluation tool and workplace guide but are not a prescription of curriculum.

A complete set of skill standards statements was provided to the Subcouncil. At the recommendation of the Subcouncil, copies of the performance skill standards were distributed for further review by a selected health care community. The Subcouncil also reviewed the materials in depth. Comments submitted by members of the Subcouncil and those requested from outside reviewers have been integrated into the final product. A statement of assumptions accompanies this document to provide context for the standards document.

ASSUMPTIONS FOR SURGICAL TECHNOLOGIST STANDARDS

Skill standards statements assume:

1. Workplace skills (employability skills) are expected of all learners. Socialization skills needed for work are related to lifelong career experience and are not solely a part of the initial schooling process. These are not included with this set of statements.
2. Specific policies and procedures of the worksite will be made known to the learner and will be followed.
3. Time elements outlined for the skill standards result from the experience and consideration of the panel of experts who made up the standards development committee.
4. Skills will progress from simple to complex. Once a skill has been successfully performed, it will be incorporated into more complex skills.
5. Skill standards describe the skill only and do not detail the background knowledge or theory related to the particular skill base. Although the skill standard enumerates steps to successful demonstration, rote approaches to the outcomes are not prescribed.
6. Standard/Transmission-Based Precautions (Universal Precautions) are to be used.
7. Client rights will be learned as part of the schooling process and will be respected and expected as part of employment.
8. The eight principles of aseptic technique are followed at all times.
9. Surgeon's preference card/sheet will be used as a guide for procedures.
10. Guidelines for safety in the OR environment are followed.
11. Procedures for responding to emergency situations in the operating room will be followed.
12. The definition of 100% accuracy includes self-correction of errors for meeting all skill standards.
13. All work will be completed in an expedient and safe manner.
14. External agencies such as Occupational Safety and Health Administration (OSHA), Joint Commission on Accredition of Health Organizations (JCAHO), Illinois Department of Public Health (IDPH) and Health Care Financing Administration (HCFA), impose rules and guidelines on institutions.
15. Guidelines of the Association of Surgical Technologists and the Association of Operating Room Nurses give direction to the ethical and legal dimensions of practice.

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WASH HANDS (MEDICAL ASEPSIS).

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Cleansing agent
- Sink with running water
- Paper towels/drying towel
- Waste container

WORK TO BE PERFORMED

Wash hands, wrists (forearms) and fingernails in an aseptic manner.

PERFORMANCE CRITERIA

The entire skill will be done in two-three minutes with 100% accuracy.

PERFORMANCE ELEMENTS

1. Expose hands to above the wrists. Remove watch and jewelry.
2. Stand so that clothing does not touch the sink.
3. Turn on water. Adjust temperature to warm and leave the water running. Have paper towel/drying towel available.
4. Wet hands thoroughly with water, holding hands downward, lower than the level of the elbows throughout the procedure.
5. Apply soap or cleansing agent to hands using available products.
6. Wash hands using friction for sixty seconds:
   a. Wash palms and back of hands using circular motions and friction for 10-15 seconds.
   b. Rub the fingernails against the opposite hand to force soap under the nails for cleaning.
   c. Wash between fingers by interlacing fingers and using friction for 10-15 seconds. If wedding band is in place, slide it up and wash beneath it.
7. Wash wrists and forearms using friction for 15 seconds.
8. Rinse hands and forearms well under running water with the fingertips downward.
9. Dry hands and forearms thoroughly with dry paper towel, from the fingertips upward. Do not contaminate the clean surfaces. Use a separate paper towel, or more as necessary, for each hand and forearm. Dispose of used paper towel in the waste container.
10. Turn off water with clean, dry paper towel held between the hand and faucet, without touching the sink. Dispose of the towel without touching the waste container.

ASSESSMENT CRITERIA AND CREDENTIALING APROACH

Tests of principles of hand washing technique observing medical asepsis.

Observe performance of washing hands.

PRODUCT

The hands, wrists (forearms) and fingernails are cleaned in an aseptic manner.

PROCESS

All performance elements are critical for washing hands in an aseptic manner. The steps of performance have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used with performance element ten always being last.

USE DISPOSABLE GLOVES.

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Facility policy and procedure
- Non-sterile disposable gloves
- Standard/transmission-based precautions (universal precautions)
- Sink
- Client/patient
- Cleansing agent
- Towels
- Waste container

WORK TO BE PERFORMED

Use non-sterile gloves as a necessary precaution in care according to approved standard/transmission-based precautions (universal precautions).

PERFORMANCE CRITERIA

The standard for use of non-sterile gloves is determined by the standard/transmission-based precautions (universal precautions) standards and the appropriate facility policy.

Time will vary dependent on the assigned responsibility.

PERFORMANCE ELEMENTS

1. Determine that use of non-sterile gloves is required as a protective safety measure.
2. Remove gloves by grasping the outside of one glove near the cuff, with the thumb and forefinger of the other hand. Pull it off, turning it inside out while pulling.
3. Hook the bare thumb inside the other glove and pull it off, turning it inside out. The two gloves will be rolled together, with the side that was nearest the individual's hand on the outside.
4. Dispose of the soiled gloves according to facility policy.
5. Wash and dry hands thoroughly.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of physical care and proper use of disposable gloves.

Observe performance of use of disposable gloves.

PRODUCT

Non-sterile gloves are used as a necessary precaution according to standard/transmission-based precautions.

PROCESS

All performance elements are critical for use of disposable gloves. The steps of performance have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

USE STANDARD/TRANSMISSION-BASED PRECAUTIONS (UNIVERSAL PRECAUTIONS).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Client/patient
- Facility policy and procedures
- Non-sterile disposable gloves
- Standard/transmission-based precautions (universal precautions)
- Gowns and gloves
- PPE (personal protective equipment)
- Towels
- Linens
- Masks
- Needles and other sharps
- Waste containers
- Cleansing agent
- Sink

WORK TO BE PERFORMED

Standard/transmission-based precautions will be demonstrated in all contact with client/patient and throughout daily work requirements.

PERFORMANCE CRITERIA

Apply facility policy in relation to the use of standard/transmission-based precautions to provide protection for the provider, client/patient and other personnel. Time will vary according to the standard/transmission-based precautions used.

PERFORMANCE ELEMENTS

1. Wash hands immediately if they are contaminated with blood or body fluids. Also wash hands on entering the room, immediately after gloves are removed, after client/patient contact and/or when leaving the room.
2. Masks and protective eyewear are worn if the procedure could cause droplets of blood or body fluids. Examples include brushing teeth, flossing teeth and caring for persons with frequent productive coughs. Masks and protective eyewear prevent exposure to the mucous membranes of the mouth, eyes and nose.
3. Gowns are worn if soiling of clothing with blood or body fluids is likely.
4. Gloves are worn when touching the client/patient's non-intact skin, body fluids, mucous membranes, body substances or when performing venipuncture. Gloves are changed for each client/patient contact.
5. Use care to avoid cuts and nicks when using sharps such as razor blades.
6. The provider should avoid client/patient contact if he/she has open skin areas.
7. Follow specific facility policy and procedures for handling linens, waste containers and broken glassware and decontaminating work surfaces following blood spills.
8. Follow additional and specific guidelines for handling needles and sharps and collecting specimens.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of applying standard/transmission-based precautions.

Observe performance of use of standard/transmision-based precautions.

PRODUCT

The provider demonstrates the use of standard/transmission-based precautions in all contact with the client/patient. All facility policies and procedures are followed.

PROCESS

All performance elements are critical when applying standard/transmission-based precautions. The steps of performance have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

USE STRETCHER TO TRANSPORT A CLIENT/PATIENT.

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Client/patient
- Paper
- Pen
- Stretcher
- Patient chart/arm bracelet
- Sink
- Towel
- Blanket
- Clean sheet to cover stretcher
- Appropriate screening
- Cleansing agent

WORK TO BE PERFORMED

Transport a client/patient in a safe manner observing the client/patient's right for privacy.

PERFORMANCE CRITERIA

Expected outcomes for the client/patient and/or provider will be achieved 100% of the time when the client/patient is transported by stretcher.

Time will vary according to client/patient's condition.

PERFORMANCE ELEMENTS

1. Assemble equipment (stretcher, blanket and clean sheet to cover stretcher), go to the client/patient's room, knock, introduce self and identify the client/patient by checking the arm bracelet or using facility-approved and accepted method of identification.
2. Provide for privacy of the client/patient. Arrange appropriate screening. Explain procedure to client/patient.
3. Wash hands.
4. Place a clean sheet on the stretcher. Lock the wheels on the bed and stretcher.
5. Fanfold the top bed covers to the bottom or side of the bed. Maintain privacy of the client/patient as much as possible.
6. Move the client/patient from the bed to the stretcher.
7. Position the client/patient on the stretcher in as comfortable a position as possible.
8. Cover the client/patient with a blanket and secure the client/patient on the stretcher with safety belt.
9. Put side rails in place.
10. Walk at head of stretcher, protecting client/patient's head.
11. Approach corners cautiously, staying on right hand side of corridor.
12. Enter and exit elevators by first securing elevator door. Enter elevator with stretcher head first and exit elevator pushing stretcher foot first.

13. Secure stretcher at destination.
14. Ensure that client/patient is in a comfortable and safe position. Make sure that someone in the receiving unit is aware of client/patient's presence.
15. Report observations to supervising licensed personnel to include observations about condition of client/patient, degree of strength during the procedure and tolerance of the activity.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of physical care and observation for transporting a client/patient by stretcher.

Observe performance of transporting a client/patient by stretcher.

PRODUCT

The client/patient is transported in a safe manner to the correct destination. The client/patient's right for privacy is observed and respected.

PROCESS

All performance elements are critical for safely transporting a client/patient. The steps of performance have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

CHANGE STERILE DRESSING.

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Facility policy and procedures
- Appropriate forms
- Appropriate screening
- Two sets of sterile gloves
- Biohazard bag
- Sterile materials for dressing change
- Order for dressing change
- Sink
- Cleansing agent
- Towel
- Pen
- Sterile water
- Waterproof bag
- Tape
- Sterile cleansing materials for the wound
- Sterile normal saline to loosen the dressing
- Aseptic principles

WORK TO BE PERFORMED

Perform a sterile dressing change and assess the surgical wound, following aseptic principles.

PERFORMANCE CRITERIA

Skill will be performed with 100% accuracy.

Time required for wound care will depend upon client/patient factors determined through assessment which will include location, size and condition of the wound but should not exceed 20 minutes.

PERFORMANCE ELEMENTS

1. Assemble equipment (sterile materials for dressing change, sterile cleansing materials for the wound, two sets of gloves and biohazard bag), evaluate the order for dressing change, go to the client/patient's room, knock, introduce self and identify the client/patient by checking the arm bracelet.
2. Provide for privacy of the client/patient. Arrange appropriate screening. Explain procedure to client/patient, family member or caregiver.
3. Wash hands using aseptic technique.
4. Use sterile technique and observe standard/transmission-based precautions during dressing change.
5. Remove the old/soiled dressing:
   a. Put on sterile disposable gloves.
   b. Loosen dressing by removing tape from skin. Use care not to disturb wound closures or any newly formed tissue.
   c. Remove old/soiled dressing. Use sterile water or sterile normal saline to loosen the dressing if needed. Do not moisten "wet to dry" dressings.
   d. Place old/soiled dressings in waterproof bag for disposal.

6. Assess condition/characteristics of the wound: color, skin characteristics, presence of drainage, characteristics of any drainage and security of wound closure.
7. Remove gloves. Establish safe, clean site for sterile dressing supplies.
8. Open sterile supplies and cleansing materials. Prepare receptacle for disposing of soiled materials without contaminating sterile field.
9. Put on gloves using sterile technique.
10. Cleanse the wound using supplies provided and observing the following principles:
    a. Cleanse from top to bottom of wound.
    b. Cleanse from center of wound to periphery of wound.
    c. Use cleansing items for one pass over the wound.
    d. Discard used cleansing items.
    e. Place materials used for cleansing in a water-proof bag.
11. Redress wound; apply smaller non-adhering dressing to wound followed by primary dressing designed to collect drainage.
12. Cover entire wound with secondary, larger dressing.
13. Remove gloves. Secure dressing with tape.
14. Remove any materials used to change the sterile dressing. Dispose of soiled/old dressings and materials following facility policy and procedures.
15. Ensure that client/patient is in a comfortable and safe position. Leave signal cord, telephone and fresh water close at hand; return bed to lowest position; remove any screening used for privacy; and wash hands.
16. Invite visitors to return to bedside.
17. Report and record characteristics of the wound, amount and type of drainage and characteristics of skin surrounding the wound.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of physical care and observation for changing a sterile dressing.

Observe performance of the procedure for changing a sterile dressing.

PRODUCT

The client/patient's sterile dressing is changed and the appropriate records are completed. Soiled materials are properly disposed of and the client/patient is returned to a comfortable and safe position.

PROCESS

All performance elements are critical for changing sterile dressings. The steps of performance have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

USE PRINCIPLES OF COMMUNICATION.

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Health care team
Facility policy and procedures
Assigned client/patient
Health care setting

WORK TO BE PERFORMED

Perform as a team member using principles of communication in all interactions with client/patient, family and other members of health care team and maintaining ethical and legal behavior.

PERFORMANCE CRITERIA

Skill will be performed 100% of the time.

The time will vary according to the assigned responsibilities, skill level of the health care team and the needs of the client/patient.

PERFORMANCE ELEMENTS

1. Verbalize factual information about the institution and the care unit to the individual client/patient to enhance client/patient trust in the health care being provided.
2. Use helping and assisting language to gain cooperation and trust through the use of non-threatening, assertive language.
3. Answer call system in health care facility as soon as possible to initiate contact between client/patient and care providers.
4. Use communication to coordinate client/patient care and influence consumer satisfaction.
5. Use active listening techniques when communicating in the health care setting.
6. Integrate multicultural, multilingual needs into a client/patient's plan of care.
7. Adapt communication to address individual needs, including the use of paraphrasing and translating.
8. Use open-ended questions that cannot be answered with "yes" or "no."
9. Listen and clarify what is heard.
10. Put words into situational context provided by the environment, by participants in the process and through nonverbal cues.
11. Clarify interpretation of communication.
12. Use nonverbal communication in a positive manner.
13. Clarify nonverbal communication demonstrated by client/patient.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of communication.

Observe the performance of communication between learner and client/patient during performance of assigned responsibilities.

PRODUCT

The provider is able to properly communicate with the client/patient, family members and other health care team members while maintaining ethical and legal behavior. Individual client/patient needs are achieved.

PROCESS

All performance elements are critical for using principles of communication. The steps of performance have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

SEND AND RECEIVE INFORMATION.

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Client/patient data
Documentation forms
Pen
Facility policy and procedures
Equipment necessary will depend upon type of data being transmitted

WORK TO BE PERFORMED

Follow facility policy and procedures for recording information according to protocol established for given health care.

PERFORMANCE CRITERIA

Following introduction to the use of communication technology, proper use of the technology in recording client/patient information will be demonstrated 100% of the time.

Time limit will vary according to circumstance and will be set by supervising personnel and agency needs.

PERFORMANCE ELEMENTS

1. Assess use of the document forms for communication/information processing.
2. Use facility-specific process for communication.
3. Record required data on document forms.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of methods used for sending and receiving information.

Observe the performance of sending and receiving information.

PRODUCT

The provider documents and conveys information about the assigned client/patient without error.

PROCESS

All performance elements are critical for sending and receiving information. The steps of performance have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

COMMUNICATE AND COLLABORATE WITHIN HEALTH CARE TEAM.

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Facility policy and procedures
Equipment necessary will depend upon type of communication and collaboration taking place
Client/patient
Appropriate documentation
Health care team
Health care goals

WORK TO BE PERFORMED

Assigned to a health care team, participate in a collaborative fashion within its scope of practice to achieve the goals of the health care team.

PERFORMANCE CRITERIA

The provider will recognize communication as an essential ingredient of health care practice and use communication purposefully in relationships 100% of the time.

The time will vary according to the assigned responsibilities and the skill level of the health care team.

PERFORMANCE ELEMENTS

1. Identify specific roles and accompanying tasks of members of the health care team.
2. Listen to instructions given for care. Clarify instructions which are not understood. Request assistance and/or supervision when unsure of skill performance required.
3. Identify communication habits and performance that may be a detriment to accomplishing goals assigned to the health care team.
4. Report and record information promptly about condition of client/patient and results of treatments provided to the client/patient.
5. Report and record any part of the assignment not accomplished in a timely fashion along with an explanation of why the assignment was not completed.
6. Accept, request and offer help when required to meet care needs of clients/patients.
7. Display courtesy and a sense of dignity to co-workers, clients/patients and visitors to the facility.
8. Maintain confidentiality about all matters encountered in the work setting.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Assessment of case study situations.

Observe behavior in the work situation.

PRODUCT

Communication and collaboration within the health care team is demonstrated at all times.

PROCESS

All performance elements are critical for communicating and collaborating within the health care team. The steps of performance have been numbered to show a appropriate sequence of completing work; however, a different sequence may be used.

DON STERILE GLOVES USING ONLY THE OPEN METHOD.

IL.99.HSS.ST.9

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Sterile gloves
Waste container

WORK TO BE PERFORMED

Don sterile gloves to perform a sterile task using the open method.

PERFORMANCE CRITERIA

The surgical technologist will don sterile gloves using the open method from an unsterile surface in less than three minutes with no break in aseptic techniques.

Skill will be performed with 100% accuracy.

PERFORMANCE ELEMENTS

1. Select the proper size of gloves.
2. Inspect the sterile glove package for expiration date and signs of contamination: water spots, moisture, tears or rips.
3. Peel open the sterile package.
4. Lay the inner package on a flat, clean and dry surface.
5. Open the inner wrapper with the right glove on the right side of the surface and the left glove on the left side of the surface. Touch only the folded edge of the wrapper.
6. Glove the dominant hand first, using the non-dominant hand to pick up the glove of the dominant hand at the fold of the cuff.
7. Step back from the surface holding the gloves with the hands held above the waist, slide the dominant hand into the glove. At no time should the ungloved hand touch the surface of the gloved hand.
8. Pick up the second glove by slipping the fingers of the gloved hand under the cuff of the second glove.
9. Slip the second hand into the glove, keeping the gloved thumb extended in order to avoid contamination.
10. Remember the principle of glove touches only glove - skin touches only skin.
11. Work the glove up the hand, fingers sliding into position in the glove.
12. Unroll the cuff of the first glove, touching only the outside of the glove.
13. Unroll the cuff of the second glove, touching only the outside of the glove.
14. Interlock the fingers to position the fingers of the glove in place, not adjusting the gloves below the heel of the hand.
15. Keep the hands between nipple line and waist and away from unsterile scrub attire.
16. Dispose of glove wrapper by touching only the inside of the glove package.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of donning sterile gloves.

Observe the performance of donning sterile gloves using only the open method.

PRODUCT

Gloves are donned using the open method with no break in aseptic technique.

PROCESS

All performance elements are critical to maintaining a sterile field and must be performed in sequence.

COMPLETE A REQUISITION FOR A LABORATORY TEST OR PROCEDURE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Requisition form
Pen
Authorized order for a laboratory test
System for requesting the test
Required information

WORK TO BE PERFORMED

Complete the requisition to include the following information:

Demographic data (as applicable)
Name (or other unique identifier)
Age (if applicable)
Gender (if applicable)
Type of specimen
Name and address of person requesting the test (If the person who will utilize the test is different from the person ordering the test or different from the person to be notified in the event the result indicates imminent life-threatening danger, include the name and address of this individual.)
Test/Procedures requested
Date and time of collection
Who collected the specimen
Additional information relevant and necessary to a specific test
Source of specimen
Presumptive diagnosis
Medications (if applicable)

PERFORMANCE CRITERIA

The skill will be completed with zero clerical errors 100% of the time.

The time to complete the task may vary according to completeness of information provided and the detail required.

PERFORMANCE ELEMENTS

1. Verify the authorized order. (Note: The laboratory must perform tests only at the written or electronic request of an authorized person. Oral requests for laboratory tests are permitted only if the laboratory subsequently obtains written authorization for testing within 30 days. Records of test requisitions or test authorizations must be retained for a minimum of two years.)
2. Refer to the laboratory manual for specimen collection or client/patient preparation requirements. Contact the laboratory if any questions arise.
3. Complete the requisition in a paper or an electronic, computerized form.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Test to explain why the required information may be important and valid reasons for specimen rejection.

Observe the performance of completing a requisition for a laboratory test or procedure.

PRODUCT

The requisition is completed and includes all necessary information.

PROCESS

All performance elements are critical when completing a requisition for laboratory tests or procedures. The steps have been numbered to show an appropriate sequence of completing work.

USE WHEELCHAIR TO TRANSPORT CLIENT/PATIENT.

IL.99.HSS.ST.11

FUNDAMENTAL

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Facility policy and procedures
- Client/patient
- Paper
- Pen
- Robe/housecoat
- Wheelchair
- Chart
- Arm bracelet
- Cleansing agent
- Sink
- Appropriate screening
- Transfer belt
- Bath blanket

WORK TO BE PERFORMED

Transport client/patient in a safe manner observing the client/patient's right to privacy.

PERFORMANCE CRITERIA

Expected outcomes for the client/patient and/or provider will be achieved 100% of the time when a wheelchair is used to transport a client/patient.

Time will vary according to client/patient's condition.

PERFORMANCE ELEMENTS

1. Assemble equipment (wheelchair, blanket and chart), go to the client/patient's room, knock, introduce self and identify the client/patient by checking the arm bracelet or using facility-approved and accepted method of identification.
2. Provide for privacy of the client/patient. Arrange appropriate screening. Explain procedure to client/patient.
3. Wash hands.
4. Position wheelchair near client/patient, lock brakes on wheelchair and raise footrest pedals. Determine if a transfer belt is needed for safe transfer to chair.
5. Assist client/patient into wheelchair. Lower footrest pedals and place client/patient's feet on footrests. Have client/patient sit as far back in the chair as possible.
6. Cover the client/patient's lap and legs with a bath blanket.
7. Secure the client/patient in the wheelchair with a safety belt, if necessary.
8. Release brakes. Push the wheelchair from behind, except when going into and out of elevators. When entering or exiting an elevator, turn the client/patient's wheelchair 180 degrees and pull the client/patient's wheelchair into or out of the elevator.
9. Use the right side of the corridor. Move slowly and look for other traffic especially at doorways or intersections.

10. Transport client/patient to destination and assist client/patient to get out of wheelchair by reversing the procedure for getting into wheelchair.
11. Report observations to supervising licensed personnel to include observations about condition of client/patient, degree of strength during the procedure and tolerance of the activity.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of physical care and observation for transporting client/patient by wheelchair.

Observe performance of transporting client/patient by wheelchair.

PRODUCT

The client/patient is safely transported to the correct destination using a wheelchair. The client/patient is provided with a safety belt, if required, and a blanket for privacy and warmth.

PROCESS

All performance elements are critical when using a wheelchair to transport a client/patient. The steps of performance have been numbered to show an appropriate sequence of completing the work.

FOLLOW PROTOCOL FOR PROPER ATTIRE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Dress code for designated areas
Assigned responsibilities
Facility policy and procedures

WORK TO BE PERFORMED

Don proper attire for assigned responsibilities according to designated area of surgical environment.

PERFORMANCE CRITERIA

The team member can state reasons for differentiated areas of the operating room (OR) suite and relate dress code to purpose of designated areas of OR suite.

The skill will be performed with 100% accuracy.

The team member will be dressed appropriately for assigned responsibilities within 10 minutes.

PERFORMANCE ELEMENTS

Personal Hygiene

1. Follow guidelines for reporting for assignment in the OR suite.
   a. Persons with acute infections should not report for assignment.
   b. Persons with cuts, scrapes, burns or abrasions should not scrub.
   c. Scrub team members known as carriers of pathogenic organisms should scrub with antiseptic agent and wash hair daily.
   d. Keep fingernails uncovered and short.
   e. Remove all jewelry before entering semi-restricted and restricted areas of OR suite.
   f. Wear minimal facial makeup.
   g. Clean eyeglasses with cleansing solution prior to each surgery.
   h. Non-functional external apparel should not be worn.
   i. Wash hands frequently and thoroughly. Use hand cream to help maintain skin integrity.
2. Shoes should meet the following guidelines:
   a. Should be comfortable and supportive.
   b. Should have enclosed heels and toes.
   c. Should not be cloth.
   d. Should be cleaned routinely.

Operating Room Attire

3. Follow written policy and procedures for expectations of attire for semi-restricted and restricted areas of OR suite.
4. Wear street clothes in unrestricted area of OR suite.
5. Don clean, fresh attire upon arrival in OR for work in semi-restricted and restricted areas of OR suite.
6. Change OR attire, including shoe covers, as necessary to maintain cleanliness.
7. Change masks between patients.
8. Use a fresh head cover each day, changing as needed.
9. Change to street clothes when leaving the OR suite for the day.
10. Cover scrub attire with a lab coat when leaving the department (if agency policy allows).

Traffic Patterns

11. Recognize and observe unrestricted, semi-restricted and restricted areas of OR suite.
12. State use of different areas of OR suite.
    a. Restricted areas - where surgical procedures are performed and sterile supplies are unwrapped and sterilized.
    b. Semi-restricted areas - includes storage and instrument-processing areas and corridors leading to restricted areas.
    c. Unrestricted area - operating room personnel interface with outside departmental personnel, locker rooms, patient reception areas and areas where supplies are received.
13. State attire required in different areas of OR suite.
    a. Restricted areas - requires hats, scrubs, masks and shoe covers. Semi-restricted areas - requires hats, scrubs and shoe covers - a mask may be required depending upon conditions present in the semi-restricted area.
    b. Unrestricted areas - street clothes are permitted.
14. Moves from unrestricted to restricted areas of OR suite through transition area.
15. Clients/patients are moved into the operating room suite through a semi-restricted area.
16. When implementing an inner core design, sub-sterile areas are always restricted areas.
17. When implementing an inner core design, the patient is never moved through the inner core.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for following protocol for proper attire.

Observe performance of following protocol for proper attire.

PRODUCT

Proper attire is donned for the assigned responsibility according to the designated area. Proper hygiene, attire and traffic patterns for the OR are followed.

PROCESS

All performance elements are critical when following protocol for proper attire. The steps have been numbered to show an appropriate sequence of completing work.

OBTAIN APPROPRIATE STERILE AND UNSTERILE ITEMS FOR PROCEDURE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgeon's preference card/sheet
Surgical procedure
Surgical instruments, supplies and equipment
Facility policy and procedures
Appropriate sterile and unsterile items
Mayo stand and sterile table

WORK TO BE PERFORMED

Select and prepare all surgical instruments and supplies necessary for the procedure according to the surgeon's preference card/sheet.

PERFORMANCE CRITERIA

Obtain appropriate sterile and unsterile items needed for surgical procedure according to facility policy and procedures.

Time will vary according to the procedure, quantity of items required and the surgeon's preference.

Skill will be performed with 100% accuracy.

PERFORMANCE ELEMENTS

1. Check surgical schedule to determine time of operative procedure.
2. Check surgeon's preference card/sheet to determine needed equipment and supplies.
3. Select and assemble equipment and supplies from storage rooms/areas.
4. Use first-in-first-out technique in selecting sterile goods.
5. Use cart to safely transport supplies to operating room (OR).
6. Check all equipment to make sure it is working properly.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for obtaining appropriate sterile and unsterile items for procedure.

Observe the performance of obtaining appropriate sterile and unsterile items for procedure.

PRODUCT

Appropriate sterile and unsterile items are obtained for the surgical procedure. All equipment is checked to ensure proper working order.

PROCESS

All performance elements are important; however, steps 1, 2, and 6 are critical to obtaining appropriate sterile and unsterile items for the procedure.

CHECK SUPPLIES AND EQUIPMENT FOR SURGICAL PROCEDURE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Facility policy and procedures
Surgical supplies
Surgical equipment
Surgeon's preference card/sheet

WORK TO BE PERFORMED

Check supplies and equipment needed for the surgical procedure using the surgeon(s) preference card/sheet and facility policy and procedures.

PERFORMANCE CRITERIA

Time will vary according to the procedure, quantity, type of supplies and equipment, and the surgeon's preference.

Skill will be performed with 100% accuracy.

PERFORMANCE ELEMENTS

1. Confirm temperature of the operating room is kept at 65 - 75 degrees Fahrenheit with a humidity level of 50 - 60 percent.
2. Identify the correct supplies and equipment needed for surgical procedure by checking surgeon's preference card/sheet.
   a. Confirm that all instruments and supplies are wrapped in undamaged packages.
   b. Check sterility dates on packages to ensure that all equipment and supplies are safe for use.
   c. Inspect indicator strips for color change on each piece of equipment or supply materials to verify a complete sterilization process has occurred.
3. Confirm that all supplies and equipment needed for type of surgery are available to the surgical team.
4. Confirm that all equipment is in safe working order.
5. Replace missing or damaged supplies and equipment.
6. Repeat step 2, if necessary.
7. Report results of checking supplies and equipment following facility policy and procedures.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for checking supplies and equipment for surgical procedure.

Observe the performance of checking supplies and equipment for surgical procedure.

PRODUCT

Supplies and equipment needed for surgical procedure are checked. Missing, unsterile or damaged items are replaced. Equipment and room temperature/ humidity levels are adjusted as needed.

PROCESS

All performance elements are critical and have been numbered to show an appropriate sequence of completing work; however, a different sequence may be used.

PERFORM SURGICAL SCRUB OF HANDS AND ARMS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Facility policy and procedures
- Timed scrub method
- Count scrub (stroke) method
- Sterile nail cleaner (pick)
- Protective eyewear
- PPE (personal protective equipment)
- Antimicrobial soap
- Sterile scrub brush

WORK TO BE PERFORMED

Perform surgical scrub of hands and arms to level of two inches above the elbow using the preferred method of the facility.

PERFORMANCE CRITERIA

The skill will be performed according to facility policy and procedures.

A timed scrub will be performed for five minutes minimum. A count scrub consists of specified number of strokes to designated hand and arm areas.

Skill will be performed with 100% accuracy.

PERFORMANCE ELEMENTS

1. Cover mouth/nose/eyes.
2. Open disposable brush from wrapper on back of scrub sink.
3. Wash hands and arms to a point 2 inches above the elbow with antimicrobial soap. Rinse with running water.
4. Clean under fingernails using pick provided, rinsing often under running water.
5. Place brush under running water to activate the impregnated antimicrobial soap. (Be sure that fingers holding brush don't extend over the edges of the brush.)
6. Scrub on top of the fingernails and under the fingernails of the left hand with short, quick strokes.
7. Scrub the thumb of left hand on four sides, go around thumb two times scrubbing each side.
8. Scrub the area between thumb and index finger on left hand, going around area two times.
9. Scrub index finger, going around finger two times.
10. Scrub the next finger, scrubbing space between fingers with each move.
11. Scrub the middle finger, going around finger two times.
12. Scrub the ring finger and little finger, going around these fingers 2 times.
13. Scrub the knuckles of the fingers and thumb in crosswise fashion, using short, brisk, firm movements.
14. Apply additional soap as needed by holding brush under water keeping elbows lower than hands.

15. Scrub back, sides and palm of hand, going around hand two times, using small, brisk, circular movements.
16. Scrub wrist and arm two - three inches at a time, in circular movements, going around wrist and arm two times.
17. Proceed forward with scrubbing, do not go back over what has been scrubbed.
18. Scrub arm to a point 2 inches above elbow.
19. Rinse scrub brush with water and add more soap.
20. Place scrub brush in left hand.
21. Scrub right hand and arm following the above steps (1 - 16).
22. Drop brush.
23. Rinse left hand and arm.
24. Rinse right hand and arm.
25. Hold hands together in front.
26. Allow water to drip off elbows into sink.
27. Proceed to room.

Special Notes:

Never let fingers touch over the edges of brush on the contaminated skin. Make sure elbows are always kept below the hands.

Be careful not to touch soap dispenser or water faucet or any other article during scrub. If items are touched, skin area is re-scrubbed.

If brush is dropped during scrub, circulating nurse will open a new one. Proceed with scrub.

Keep track of time and strokes. Scrub in the proper manner for five minutes with proper strokes required to render the skin aseptically clean. Longer time may be taken, but no shorter time.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles performing surgical scrub of hands and arms.

Observe the performance of surgical scrub of hands and arms.

PRODUCT

Surgical scrub of hands and arms is performed to a level of two inches above the elbow.

PROCESS

All performance elements are critical for a proper surgical scrub of hands and arms and must be performed in sequence.

GLOVE AND GOWN ONESELF.

PREOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Sterile gown
Sterile gloves
Sterile towel

WORK TO BE PERFORMED

Don sterile gown and gloves using the principles of aseptic technique.

PERFORMANCE CRITERIA

Don sterile gown and gloves adhering to the principles of aseptic technique.

Skill will be performed with 100% accuracy.

Skill will be performed in less than three minutes.

PERFORMANCE ELEMENTS

1. Select a pair of sterile gloves to fit the hands.
2. Inspect the sterile glove/gown package for expiration date and signs of contamination: water spots, moisture, tears or rips.
3. Open the package containing the sterile gown onto a sterile surface.
4. Open the package containing the sterile gloves onto a sterile surface.
5. Complete a surgical scrub.
6. Dry hands with a sterile towel using aseptic technique.
7. Grasp the sterile gown at the inside center of the gown near the neckband, touching only the inner surface of the gown.
8. Lift the gown away from the sterile surface. Hold it away from the body and allow it to unfold.
9. Assure there is space around the scrub person to prevent the gown touching unsterile items while putting on the gown.
10. Hold the inside of the gown so that it is facing you and extend arms into the sleeves. Hands remain covered by the gown and cuff of the gown sleeve while extending arms into sleeve.
11. Open the glove wrapper with hands cuffed.
12. Pick up the first glove with hand still covered by the sleeve of the gown.
13. Place the first glove on the cuffed hand to be gloved with the fingers of the glove pointing toward the elbow. The thumb of the glove should touch the thumb of the hand.
14. Use the other hand, still covered by the gown, to pull the top edge of the cuff over the opening of the sleeve.
15. Cover the wristband of the gown completely with the glove.

16. Repeat the procedure using the gloved hand to put on the other glove.
17. Adjust the fingers of the gloved hands for comfort by interlocking the fingers to position the fingers of the gloves.
18. Remove glove powder from gloves.
19. Keep gloved hands above waist level.
20. A second person, the circulator or an unsterile person, should work from the back of the person and inside the sterile gown to tie the gown in place.
21. Complete gowning and gloving by wrapping the sterile tie using the cardboard tags with the assistance of an unsterile person.
22. Tie the right and left waist ties securely at the front of the gown.
23. Remember the back of the gown is always considered unsterile.
24. Only the front of the gown from chest to table level is sterile as well as the arms to the armpit.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for donning sterile gown and gloves.

Observe the individual putting on gown and gloves.

PRODUCT

The sterile gown and gloves are donned with no break in aseptic technique.

PROCESS

All performance elements are critical to maintaining sterile technique and must be performed in sequence.

OPEN STERILE SUPPLIES.

INTRAOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Operating Room (OR)
The eight principles of aseptic technique (See Appendix F.)
Opening supplies
Surgeon's preference card/sheet
Instrument set
Surgical equipment and supplies

WORK TO BE PERFORMED

Open sterile supplies and create sterile field following aseptic technique.

PERFORMANCE CRITERIA

Sterile supplies are opened with 100% accuracy

Time element will be dependent upon number of sterile items required for surgical procedure.

PERFORMANCE ELEMENTS

1. Wash hands.
2. Don mask and appropriate attire for a restricted area.
3. Check operating room to be sure all routine furniture is available.
4. Position the back table, Mayo and ring stands to be sure they are at least 12 inches away from the wall and any unsterile surface.
5. Bring the case cart into the room with opening supplies.
6. Check the integrity of the packaging as you place back table pack, instrument sets and basin sets on the appropriate furniture.
7. Open sterile field basics such as back table pack, instrument sets and basins prior to opening smaller items.
8. Use following guidelines as all items are opened:
   a. Check for color change on the sterilization tape.
   b. Check for color change on all indicators and fasteners.
   c. Check the expiration date.
   d. Check for holes or tears in the packaging.
   e. Check for improperly sealed packages.
   f. Check for any water damage on the packaging.
   g. Check label for contents against the surgeon's preference card.

Packs

9. Follow directions on the outside of the back table pack as to which direction the first flap will fold. If using a linen pack, pull the corner of the pack that is tucked under and place this flap away from you.
10. Grasp only the most distal edges when unfolding the pack.
11. Take care not to lean over the sterile back table to pull any flaps away and down on the table.
12. Open the back table pack completely until the back table is covered.

Instruments sets

13. Open wrapped instrument pan by grasping the tucked edge first and opening away from you.
14. Open right and left flap of the wrapped package grasping only the most distal edge and fold out and down.
15. Grasp the front grasp point and pull toward you as you pull it down until the instrument set is exposed.
16. Repeat the steps as necessary until the instrument set is exposed.
17. Open self-contained sterilization pan set properly to break seal and remove top cover (lid).

Basin sets

18. Open basin sets in the same manner as the back table.

Peel packed items

19. Open peel pack items into the basin by peeling both edges back and while standing at least 12 inches away.
20. Deliver the peel packed items on to the sterile field.
21. Take care not to let the sterile item slide over the edge as the edges of peel pack items are considered unsterile.

Wrapped small items

22. Open wrapped small packages by holding the item in one hand and grasping the tucked corner and folding it back tucking the corner into the grasp of the hand holding the item.
23. Grasp the three remaining corners in the same fashion as the first until all four corners are in the grasp of your hand and the item is exposed. If using a wrapper that is not two-ply, two wrappers will each need to be removed, using the same above technique.
24. Deliver the sterile item on to the sterile field while standing at least 12 inches away and without letting the wrapper touch the back table.

Delivering sterile items to sterile team members

25. Unwrap the item or peel back the edges of a peel pack while keeping unsterile hands away from sterile areas.
26. Keep sterile hands away from unsterile edges of the package.
27. The unsterile person should not reach over the sterile surgical field to deliver an item.
28. Leave the surgical technologist's gown and towel accessible by not covering it with items to be opened.
29. Follow aseptic technique principles when opening sterile packs.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for opening sterile supplies.

Observe performance of opening sterile supplies.

PRODUCT

Sterile supplies are opened with no break in aseptic technique.

PROCESS

All performance elements are important for opening sterile supplies. Performance element 7 is critical to the order of opening sterile field basics. Performance elements 9, 10, 11 and 12 are critical for opening and setting up the back table packs. Performance elements 13, 14 and 15 are critical steps when opening and setting up the instrument sets. Performance elements 25, 26 and 27 are critical for opening small wrapped items.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Surgical procedure
- Sterile solutions
- Sterile supplies
- Surgeon's preference card/sheet
- Facility policy and procedure
- Waste container/linen hamper
- Basin

WORK TO BE PERFORMED

Deliver sterile supplies to the surgical site for use during a surgical procedure.

PERFORMANCE CRITERIA

Skill will be performed with 100% accuracy.

Time will vary according to the quantity of supplies requested, the type of procedure and the surgeon's preference.

PERFORMANCE ELEMENTS

1. State the conditions of sterility that must be observed.
2. Verify type of sterile supply being requested.
3. Deliver a sterile packet onto sterile field.
   a. Assemble pack of material requested.
   b. Verify the sterility of the solutions and supplies.
   c. Break seal on prepared pack without contaminating.
   d. Pull pack apart by placing three fingers of each hand against outside of pack.
   e. Verify that sterile pack is free within outer pack.
   f. Hold the pack 8 - 10 inches from sterile field.
   g. Deliver the inner sterile pack onto sterile field gently.
   h. Assure unsterile hands and arms do not reach the sterile field.
   i. Discard outer wrapper in waste container/linen hamper.
4. Transfer sterile solutions onto sterile field.
   a. Verify type of solution to be transferred to sterile field.
   b. Identify solution to be transferred to sterile field.
   c. Remove cap from bottle of sterile solution.
   d. Do not replace cap on bottle of solution.
   e. Hold solution bottle with label toward palm.
   f. Position solution container with only lip over sterile receptacle.
   g. Pour entire solution into basin at edge of sterile table in steady stream.
   h. Ensure that solution does not run over contaminated portion and onto sterile field.
   i. Discard unused solution according to facility policy and procedure.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for delivery of sterile supplies.

Observe the performance of delivering sterile supplies.

PRODUCT

Sterile supplies are delivered/transferred to sterile field as requested without contamination of the sterile field.

PROCESS

All performance elements are critical for the delivery of sterile supplies to the sterile field. The steps have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

SET UP STERILE TABLE WITH INSTRUMENTS, SUPPLIES AND EQUIPMENT.

INTRAOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Facility policy and procedures
Mayo stand
Surgeon's preference card/sheet
Equipment
Supplies
Instruments
Sterile table
Surgical procedures

WORK TO BE PERFORMED

Prepare all surgical instruments, supplies and equipment necessary for the procedure and place them on the sterile table or Mayo stand according to surgical procedures, following aseptic technique at all times.

PERFORMANCE CRITERIA

Skill will be performed with 100% accuracy.

Time will vary according to the number of instruments, supplies and equipment required and the surgeon's preference.

PERFORMANCE ELEMENTS

1. Check the surgical schedule to verify the surgical procedures.
2. Check surgeon's preference card/sheet to verify needed surgical instruments, supplies and equipment for the procedure.
3. Don appropriate attire for a restricted area.
4. Open sterile supplies and surgical kits using aseptic technique.
5. Perform surgical hand and arm scrub.
6. Don sterile gown and gloves.
7. Prepare surgical instruments on sterile table and Mayo stand according to surgical procedures and facility policy and procedures.
8. Complete initial count.
9. Follow procedures for maintaining a sterile field.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for setting up sterile table with instruments, supplies and equipment.

Observe the performance for setting up sterile table with instruments, supplies and equipment.

PRODUCT

Instruments, supplies and equipment necessary for the procedure are set up according to the surgical procedures following aseptic technique at all times.

PROCESS

All performance elements are critical for proper set up for the surgical procedure. The steps of performance have been numbered to show an appropriate sequence of completing the work.

PERFORM APPROPRIATE COUNTS WITH CIRCULATOR.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgical procedure
Worksheet
Pen
Sponges
Instruments
Needles
Other surgical items
Facility policy and procedures
Accountability shared between surgical technologist and circulator

WORK TO BE PERFORMED

Complete surgical counts according to surgical procedure and facility policy with assigned team member.

Intraoperative counts are to be performed at the appropriate times.

PERFORMANCE CRITERIA

Identify items to be included in the count; determine when counts can be eliminated; perform surgical counts at the appropriate times and in appropriate order.

Time will vary according to the length of the procedure and quantity of items that must be counted.

Skill will be performed with 100% accuracy.

PERFORMANCE ELEMENTS

1. Demonstrate knowledge of facility policy and procedures for sponge, sharps and instrument counts.
2. Understand that responsibility and accountability are shared with surgical technologist and circulator.
3. Count materials in multiple units as they are packaged.
4. Count in unison (surgical technologist and circulator) before the procedure begins, recording on worksheet, and each time items are added during the procedure. If an interruption occurs, the count must begin again. Additional counts will be completed at the time of closing the wound or closure of hollow organs.
5. Separate and count different types of sponges.
6. Separate and count different types of instruments.

7. Separate and count different types of sharps.
8. Record count of sponges, sharps and instruments on worksheet immediately. Follow facility policy for accountability.
9. Verify number of needles in a pack when a multi-pack is opened for use.
10. Remove all incorrectly packaged counted supplies from the room.
11. Count with the circulator the soiled sponges, by type, and transfer to impermeable plastic bags.
12. Seal soiled sponges in groups of original package number or secure in wall hanging count system.
13. Show all soiled sponges to anesthesia personnel to determine blood loss.
14. Straighten and group all counted items before closing counts begin.
15. Secure used needles in needle counter or hard container to be counted.
16. Visualize all sponges, sharps and instruments before accounting for them.
17. Account for broken instruments, or those taken apart in their entirety during any operative procedure.
18. Count instruments, sponges and sharps moving from the surgical field, the Mayo stand, the back table, and finally what has been passed off the field to the circulator.
19. Repeat and restart counts if interrupted.
20. Report any incorrect counts immediately to the surgeon. Recount to find the missing item.
21. Call for an x-ray when the counted item is not found.
22. Verify appropriate document is completed when count item is not found.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for performing appropriate counts with circulator.

Observe the performance of appropriate counts with circulator.

PRODUCT

Surgical counts are performed as required with assigned team member. Incorrect counts are reported to the surgeon immediately, and proper action is taken to find the missing item. Appropriate documentation is completed.

PROCESS

All performance elements are important; however, steps 1, 2, 3, 4, 8, 9, 19, 20 and 21 are critical to performing appropriate counts with circulator.

GOWN AND GLOVE SURGEONS AND ASSISTANTS.

INTRAOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Assistants
Surgeons
Sterile field
Sterile surgical gown and gloves
Towel

WORK TO BE PERFORMED

Gown and glove surgeons and assistants with no break in aseptic technique in preparation for surgery.

PERFORMANCE CRITERIA

Skill will be performed at 100% accuracy.

Time will vary according to the number and skill level of surgical team.

PERFORMANCE ELEMENTS

1. Open the towel, form a protective cuff with towel corners, and place it over the outstretched scrubbed hand of the team member being assisted with gowning and gloving.
2. Pick up the gown and unfold with sterile side of gown toward the sterile team member.
3. Make a protective cuff of the neck and shoulder area, turn the inner side of the gown toward the team member being gowned, and place the gown on the outstretched arms.
4. Release the gown once the team member has placed his or her hands in the sleeves. The circulator assists in pulling it on and adjusting the fit by touching only the inside of the gown.
5. Grasp gown sleeves and pull back to expose the hands when using the open method.
6. Present right glove first.
7. Hold the palm of the glove toward the team member, with the thumb of the glove opposite the thumb of the hand being gloved.
8. Open the glove by stretching it, keeping your sterile hands under the glove cuff and away from the skin.
9. Exert firm upward pressure as the other team member slides a hand into the glove, making certain that the hand being gloved does not go below the waist.
10. Pull the glove cuff over the cuff of the gown.

11. Repeat the procedure for the other glove.
12. Hold the tie as the other team member turns if a wraparound gown is used.
13. Remove glove powder from gloves.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of gowning and gloving surgeons and assistants.

Observe the performance for gowning and gloving surgeons and assistants.

PRODUCT

Surgeons and assistants are gowned and gloved for surgery without breaking sterile technique.

PROCESS

All performance elements are critical and must be performed in sequence.

PREPARE THE CLIENT/PATIENT'S SKIN PRIOR TO DRAPING.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Client/patient
- Client/patient's chart
- Antiseptic germicidal soap
- Sterile solution such as water
- Antiseptic solution such as Betadine
- Sterile applicators
- Prep stand
- Waste receptacle
- Biohazard disposable bag
- Hazardous waste container
- Sterile shave prep kit
- Facility policy and procedures
- Surgeon's preference card/sheet
- Sterile gloves
- Eight principles of aseptic technique (See Appendix F.)
- Towels
- Sponges

WORK TO BE PERFORMED

Prepare client/patient's skin for the surgical procedure prior to draping.

PERFORMANCE CRITERIA

Prepare client/patient for surgical procedure prior to draping according to facility policy and procedures.

Skill will be performed with 100% accuracy.

Time will vary according to the type of procedure.

PERFORMANCE ELEMENTS

1. Identify client/patient.
2. Verify type of surgery to be performed.
3. Determine if hair is to be removed from the surgical site.
4. Follow guidelines for shaving the operative site when required for surgical procedure.
5. Choose appropriate antimicrobial agent for skin preparation according to
   a. Conditions of the skin,
   b. Client/patient allergies,
   c. Incision site,
   d. Surgeon and facility preference.
6. Follow facility policy and surgeon's preference card/sheet for recommended skin prep.
7. Determine necessary prep parameters for the surgical procedure being performed.
8. Expose the client/patient's skin while still respecting their privacy.
9. Open prep kit on a flat surface using aseptic technique.
10. Don sterile gloves using open gloving technique.

11. Place barrier towels on and around client/patient to avoid pooling of prep solutions.
12. Perform the scrub prep using correct aseptic technique.
13. Use the following guidelines when performing a surgical site prep:
    a. Avoid unnecessary exposure of the client/patient - expose only the area to be prepped.
    b. Use mechanical friction when performing the surgical prep.
    c. Begin the prep at the incision site and continue outward to the periphery of scrub site using a circular motion.
    d. Repeat the circular scrubbing action several times.
    e. Discard sponges used for surgical site prep when reaching the periphery of prep site.
    f. Do not allow prep liquids to pool under the client/patient or flow under a tourniquet or an electrocautery dispersive electrode.
    g. Move from cleanest areas to dirtiest areas - prep dirtiest areas last.
    h. When using an alcohol based prep such as Dura prep, let it dry completely before surgical procedure begins to avoid fire hazard.
14. Dry prepped area according to surgeon's preference.
15. Apply antiseptic solution/paint in the same motion as the scrub.
16. Paint over the area one or two times according to surgeon's preference.
17. Remove barrier towels being careful not to touch any prepped area.
18. Remove gloves and dispose of gloves and prep supplies in a biohazard disposable bag.
19. Use judgment and standard guidelines to adjust standard prep for special cases such as a prep involving a colostomy or denuded area.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of preparing the client/patient's skin prior to draping.

Observe the performance of preparing the client/patient's skin prior to draping.

PRODUCT

The client/patient's skin is properly prepared for the surgical procedure to be performed.

PROCESS

All performance elements are important; however, steps 1, 2, 5, 7, 10 and 13 are critical to preparing the client/patient's skin prior to draping.

DRAPE STERILE FIELD.

INTRAOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Operating Room (OR) furniture and equipment
Surgical procedure
Draping material

WORK TO BE PERFORMED

Demonstrate basic technique for draping the sterile field.

PERFORMANCE CRITERIA

Drape for surgical procedure demonstrating proper draping of furniture, equipment and client/patient in five minutes.

Skill will be performed with 100% accuracy.

PERFORMANCE ELEMENTS

1. Identify types and uses of various draping materials.
2. Check the surgical schedule to verify the surgical procedure.
3. Follow guidelines of draping for specific surgical procedure:
   a. Use sterile drapes.
   b. Open sterile drapes on to a sterile field.
   c. Handle drapes as little as possible in draping the sterile field.
   d. Place drapes in the order in which they will be used.
   e. Carry drapes folded to the operating table.
   f. Keep drapes above waist level.
   g. Drape the client/patient and equipment from the operative site out to the periphery.
   h. Hold drapes high enough to avoid touching non-sterile areas.
   i. Place the drape in the place where it is to remain.
   j. Drape from the appropriate side. Do not reach across a sterile area.
   k. Form a cuff with the draping material to protect the gloved hands.
   l. Keep hands at table level.
   m. Consider points of towel clips used to hold drapes in place as contaminated.
   n. Place drapes gently in place without shaking or flipping.
   o. Discard any drape considered unsterile.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of draping sterile field.

Observe the performance of draping sterile field.

PRODUCT

Proper technique is demonstrated for draping the sterile field for specific surgical procedure.

PROCESS

All performance elements are critical and must be performed in sequence.

MAINTAIN HIGHEST STANDARD OF ASEPTIC TECHNIQUE DURING PROCEDURE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Eight principles of aseptic technique
Sterile equipment and supplies
Sterile instruments

WORK TO BE PERFORMED

Meet the expected behavior of a member of the surgical team for maintaining sterile technique during a procedure.

PERFORMANCE CRITERIA

Maintain the highest standard of aseptic technique during the procedure by demonstrating the eight principles of aseptic technique.

Apply the principles of aseptic technique with 100% accuracy throughout the procedure.

PERFORMANCE ELEMENTS

1. Inspect all sterile packaging and trays to ensure integrity of the package:
   a. Indicator/sterilizer strips,
   b. Holes in the package,
   c. Proper seal for package.
2. Examine all package labels for sterility dates.
3. Deliver items that are to be placed in a sterile field by methods that do not compromise sterility.
4. Consider any items, which are dropped during preparation for a procedure or during a procedure unsterile.
5. Create the sterile field as close to the time of the procedure as is possible.
6. Consider unattended sterile fields unsterile.
7. Follow the 8 principles of aseptic technique for working in a sterile environment:
   a. All items used within a sterile field must be sterile.
   b. A sterile barrier that has been permeated must be considered unsterile.
   c. The edges of a sterile container are considered unsterile once the package is opened.
   d. Gowns are considered sterile in from shoulder level to table level, and the sleeves to two inches above the elbows.
   e. Tables are sterile only at table level.
   f. Sterile persons and items touch only sterile areas; unsterile persons or items touch only unsterile areas.
   g. Movement within or around a sterile field must not contaminate that field.
   h. All items and areas of doubtful sterility are considered contaminated.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for maintaining highest standard of aseptic technique during procedure.

Observe the performance to maintain highest standard of aseptic technique during procedure.

PRODUCT

The surgical team demonstrates and maintains the 8 principles of aseptic technique.

PRODUCT

All performance elements are critical and must be performed in sequence.

PASS INSTRUMENTS, SUPPLIES AND EQUIPMENT FOR PROCEDURE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgical equipment
Surgical supplies
Sterile surgical instruments
Surgeon requesting instruments
Sterile operative site
Universal hand signals
Eight principles of aseptic technique (See Appendix F.)

WORK TO BE PERFORMED

Pass instruments, supplies and equipment requested by the surgeon in a position to be used without adjustment.

PERFORMANCE CRITERIA

Place instruments safely in the surgeon's hand ready for the intended use without break in aseptic technique.

Skill will be performed with 100% accuracy.

Time required for passing instruments, supplies and equipment will vary according to the surgeon's preference.

PERFORMANCE ELEMENTS

1. Set up field with appropriate sterile instruments, supplies and equipment following the 8 principles of aseptic technique.
2. Identify the instruments by name and by use.
3. Become familiar with surgeon's habits and preferences.
4. Be familiar with universal hand signals.
5. Anticipate instruments needed by the surgeon.
6. Listen for surgeon's request for instruments.
7. Hold instruments in correct manner for handing to surgeon.
8. Hand instruments to surgeon in position for use without adjustment:
   a. Scalpels are handed so handle is controlled.
   b. Curves of instruments are in direction of curve of surgeon's hand.
   c. Surgeon can grasp handle of a retractor.
   d. Protect team member's hands from sharp points.
9. Place the instruments firmly in hands of the surgeon.
10. Keep movements low at the sterile field and away from unsterile areas.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of passing instruments, supplies and equipment for procedure.

Observe the performance of passing instruments, supplies and equipment for procedure.

PRODUCT

Instruments, supplies and equipment are passed to the surgeons in a position for use without adjustment. Sterile technique is maintained throughout the procedure.

PROCESS

All performance elements are important; however, steps 1, 7, 8, and 10 are critical to passing instruments, supplies and equipment for procedure.

HOLD RETRACTORS OR INSTRUMENTS AS DIRECTED BY THE SURGEON.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgical environment
Retractors
Instruments
Procedure for passing instruments

WORK TO BE PERFORMED

Choose appropriate retractors and hold retractors and/or instruments in place as directed by the surgeon.

PERFORMANCE CRITERIA

Identify the purpose of retractor and instrument use in the operating room (OR). Have retractors and/or instruments available as needed, and hold them as directed by the surgeon.

Skill will be performed with 100% accuracy.

Time will vary according to the surgical procedure and the surgeon's directions.

PERFORMANCE ELEMENTS

1. Place retractors and other heavy instruments on sterile field according to the surgeon's preference.
2. Follow procedures for passing retractors/instruments to the surgeon.
3. Hand retractors to the surgeon so the handle of the retractor is grasped and the instrument is ready for use.
4. Follow directions of the surgeon when holding retractors and/or instruments:
   a. Determine the degree of pull needed.
   b. Move slowly and deliberately when assisting with retraction or holding instruments.
   c. Avoid abrupt, forceful movements.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of holding retractors or instruments as directed by the surgeon.

Observe the performance of holding retractors or instruments as directed by the surgeon.

PRODUCT

Retractors are selected and held in place as directed by the surgeon.

PROCESS

All performance elements are critical and must be performed in sequence.

SPONGE OR SUCTION OPERATIVE SITE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgical environment
Suction collection container
Sponge stick
Suction tubing
Suction tips
Sponges

WORK TO BE PERFORMED

Use sponges and/or suction as directed by the surgeon to aid in keeping the surgical site free of body fluids and tissue debris during the operative procedure.

PERFORMANCE CRITERIA

Use sponges and/or suction as directed by the surgeon or as needed with 100% accuracy.

Time will vary according to the procedure and amount of suctioning and sponging required.

PERFORMANCE ELEMENTS

1. Prepare appropriate suction tips for use in removing blood and fluid from the operative field.
2. Hand end of suction tubing to circulator for attachment to suction collection container.
3. Handle all tissues at the operative site very gently and appropriately.
4. Handle all tissues of the operative site as little as possible.
5. Remove single 4 x 4 sponges from operative field after peritoneum is entered.
6. Use only folded 4 x 4's which are secured on a sponge stick after peritoneum is open.
7. Avoid using dry sponges on abdominal viscera.
8. Apply moistened sponges with pressure to operative site as directed by the surgeon if the peritoneum is open.
9. Use dry sponges on extremities and surface tissue.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of sponging or suctioning operative site.

Observe the performance for sponging or suctioning operative site.

PRODUCT

Sponges and/or suction are used as directed by the surgeon to aid in visualizing the operative site without breaking aseptic technique.

PROCESS

All performance elements are important; however, steps 1, 2, 5 and 6 are critical to performing sponging or suctioning operative site.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgical environment
Client/Patient's chart and surgical record form
Electrosurgical unit (ESU)
Tourniquets
Tourniquet application procedures
Padding
Pen

WORK TO BE PERFORMED

Assist with hemostasis at the operative site as directed by the surgeon or as needed and complete the appropriate documents.

PERFORMANCE CRITERIA

Prepare materials for use in achieving and maintaining hemostasis at the operative site. Identify the use of different mechanisms for achieving and maintaining hemostasis at the operative site. Demonstrate handling of hemostasis agents/ devices. Anticipate the need for assistance with hemostasis at the operative site.

Skill will be performed with 100% accuracy.

Time will vary according to the type and amount of hemostasis required.

PERFORMANCE ELEMENTS

Using tourniquets for hemostasis:

1. Identify the procedure for application of tourniquets to an extremity for surgery, including the safety guidelines, precautions, measures, evaluation and pre-op assessment of the patient.
2. Check the tourniquet for proper function according to manufacturer's guidelines.
3. Inspect the tourniquet for cleanliness.
4. Test the tourniquet for accuracy of pressure reading.
5. Apply padding around extremity before applying the tourniquet unless contraindicated by manufacturer's instructions.
6. Evaluate extremity size to select an appropriate size cuff. (Overlap should be three - six inches.)
7. Place the tourniquet on limb at most proximal point of maximum circumference without pinching skin folds.
8. Assure that padding and tourniquet remain dry.
9. Inflate tourniquet to lowest pressure required to provide a bloodless surgical field.

10. Report length of inflation time to surgeon at one hour and every 15 minutes thereafter, or at surgeon's request.
11. Monitor pressure gauge during procedure to detect pressure fluctuations.
12. Deflate the tourniquet following instructions of the surgeon.
13. Evaluate condition of extremity immediately following removal of the tourniquet.
14. Document information about tourniquet use:
    a. Extremity involved
    b. Assessment of skin and integrity, pre- and post-application
    c. Location and type of cuff
    d. Padding of cuff
    e. Cuff pressure
    f. Inflation and deflation times
    g. Identity of equipment used

Electrosurgery:

15. Check electrosurgical unit (ESU) for proper working condition in accordance with manufacturer's specifications.
16. Assess patient's chart for presence of AICD or pacemaker. If present, check manufacturer's guidelines for ESU use.
17. Assess skin for placement of dispersive electrode.
18. Place dispersive electrode/ground pad on the largest muscle mass that is closest to the surgical site.
19. Confirm power settings with the surgeon and manufacturer.
20. Confirm that all alcohol preps are completely dried before cautery use.
21. Position active electrode at the sterile field, close to operative site and in holder.
22. Remove any charred tissue from electrode tip as needed.
23. Suction any electrosurgical smoke from the field.
24. Remove the dispersive electrode following surgery, using care to avoid denuding the skin.
25. Document
    a. Preoperative skin assessment,
    b. Electrosurgical equipment identity and setting,
    c. Site of dispersive electrode and person applying the electrode,
    d. Postoperative skin assessment.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of assisting with hemostasis.

Observe the performance of assisting with hemostasis.

PRODUCT

Hemostasis is achieved with no undesired effects. The appropriate documentation is completed.

PROCESS

All performance elements are critical for assisting with hemostasis. The steps have been numbered to show an appropriate sequence of completing work; however a different sequence may be used.

PREPARE AND CUT SUTURE MATERIALS AS DIRECTED BY THE SURGEON.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Surgical environment
- Surgical procedure
- Surgeon's verbal instructions
- Surgeon's preference card/sheet
- Suture materials
- Sterile cutting utensil

WORK TO BE PERFORMED

Prepare suture material as directed by surgeon's preference card/sheet.

Cut suture material as requested by surgeon.

PERFORMANCE CRITERIA

Skill will be performed with 100% accuracy.

Time will vary according to the procedure, sutures to cut and the surgeon.

PERFORMANCE ELEMENTS

1. Consult surgeon's preference card/sheet for particular choice of suture materials.
2. Prepare minimal amount of suture material prior to surgery.
3. Organize suture materials for efficient use.
4. Follow sequence of surgical procedure for appropriate suture preparation.
5. Use depth and distance to the site of tying or suturing to determine length of suture materials needed.
6. Cut suture used to close wound 1/8 to 1/4 inch from the knot or at surgeon's instruction.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of preparing and cutting suture materials as directed by the surgeon.

Observe the performance of preparing and cutting suture materials as directed by the surgeon.

PRODUCT

Suture material is prepared to the specifications of the surgeon and facility.

Suture material is cut in appropriate lengths as requested during the procedure.

PROCESS

All performance elements are critical for preparing and cutting suture material. The steps have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

CONNECT DRAINS TO SUCTION APPARATUS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgical environment
Client/patient chart and surgical record form
Pen
Dressing
Tubing
Drains
Suction apparatus
Facility policy and procedures

WORK TO BE PERFORMED

Demonstrate techniques to connect and secure drainage systems to suction according to facility policy and procedures. Report and record drainage.

PERFORMANCE CRITERIA

Skill will be performed with 100% accuracy.

Time will vary according to the necessity to establish suction.

PERFORMANCE ELEMENTS

1. Have surgeon state type of drain needed.
2. Keep drain sterile until connected to sterile end of drainage tubing.
3. Ensure that tubing connections are tight.
4. Dress the drain site separately from the incision site.
5. Position tubing without kinks.
6. Secure drain and tubing for gravity flow.
7. Secure drain and tubing without tension on drain site or drain incision site.
8. Report and record type of drain, placement, amount of suction and amount of drainage since placement to next set of care providers.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of connecting drains to suction apparatus.

Observe the performance of connecting drains to suction apparatus.

PRODUCT

Drain and suction apparatus are secure and functioning and appropriate documents are completed.

PROCESS

All performance elements are critical to connect drains to suction apparatus. The steps of performance have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

SELECT, PREPARE AND APPLY STERILE DRESSING/BINDER.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgeon's instructions
Client/patient with incision
Sterile dressing
Binder
Scissors
Tape
Surgeon's preference card/sheet
Client/patient chart and surgical record form
Pen

WORK TO BE PERFORMED

Assist in applying sterile dressing/binder to fit the incision according to the surgeon's preference card/sheet.

Report and record dressing application.

PERFORMANCE CRITERIA

Appropriate sterile dressing/binder will be applied with 100% accuracy.

Time will vary based on the size, type and location of the sterile dressing/binder.

PERFORMANCE ELEMENTS

1. Apply sterile dressings to surgical wound:
   a. Protect the incision from contamination.
   b. Absorb drainage from the wound.
   c. Support the incision.
   d. Maintain a moist environment conducive to healing.
   e. Assist with hemostasis.
   f. Maintain some pressure to control edema.
   g. Allow for exchange of gases.
   h. Cover the wound for aesthetic purposes.
2. Ascertain whether the dressing in contact with the wound will be occlusive, semi-occlusive or non-occlusive.
3. Verify the type of dressing to be used according to surgeon's preference card.
4. Ensure that the dressing below the surface dressing (second layer) is absorbent and easily molded to the contour of the surgical wound site.
5. Ensure the area of the dressing, including the incision site, is clean, dry and free of any residue.

6. Apply tape without tension from the center of the dressing to the periphery of the dressing according to surgeon's preference.
7. Allow two-inch extension of the tape beyond the dressing to attach the dressing to the skin.
8. Adjust tape application to accommodate special circumstances; i.e., large or bulky dressings, areas of friction, compression or pressure dressing, placement over bony prominence or joints, tape allergies.
9. Apply binder according to surgeon's directions and manufacturer's guidelines.
10. Report and record dressing.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of selecting, preparing and applying sterile dressing/binder.

Observe the performance of selecting, preparing and applying sterile dressing/binder.

PRODUCT

The sterile dressing is applied to the wound in accordance with the surgeon's preference card/sheet. Adjustments are made to accommodate special conditions. A binder is applied at the surgeon's directive.

PROCESS

All performance elements are critical to selecting, preparing and applying a sterile dressing to the wound/incision while maintaining sterile techniques and must be performed in sequence.

IDENTIFY AND TRANSPORT CLIENT/PATIENT TO ASSIGNED OPERATING ROOM.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Client/patient
Client/patient's chart and surgical record form
Facility policy and procedures
Procedure to be performed
Consent form
Transport equipment

WORK TO BE PERFORMED

Ensure accuracy, completeness and readiness of preparation of client/patient and client/patient's records and consent forms for surgical procedure. Transport client/patient to the assigned operating room using appropriate means.

PERFORMANCE CRITERIA

Check client/patient's identity following facility policy and procedures. Verify procedure to be performed with client/patient, with client/patient's chart and surgical schedule. Verify accuracy and completeness of consent form with 100% accuracy.

Skill will be performed in 15 minutes.

PERFORMANCE ELEMENTS

1. Check surgical schedule for identity and location of client/patient.
2. Verify surgical procedure, surgical site and surgeon.
3. Talk with client/patient to assess understanding of procedure.
4. Verify client/patient identification by checking ID band, client/patient chart, Addressograph card and name on surgical schedule.
5. Review client/patient chart for completeness:
   a. Medical history and physical examination,
   b. Results of laboratory tests required by facility policy,
   c. Accuracy and completeness of consent form,
   d. Client/patient allergies and medication history,
   e. Time of last oral intake,
   f. Wearing of any devices or presence of artificial body parts,
   g. Any physical limitations.
6. Review accuracy of consent form; assure it is witnessed and dated; and confirm that information on consent form agrees with site and side listed on surgical schedule.
7. Transport client/patient to operating room using appropriate means or walking with client/patient.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of identifying and transporting client/patient to assigned operating room.

Observe performance of identifying and transporting client/patient to assigned operating room.

PRODUCT

Client/patient is correctly identified and transported to the appropriate operating room with completed chart and consent forms.

PROCESS

All performance elements are critical steps for correctly identifying the client/patient, procedure and correct operating room. The elements are listed to show an appropriate sequence; however, facility policy may use a different sequence.

TRANSFER CLIENT/PATIENT ONTO AND OFF OF OPERATING ROOM TABLE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Operating Room (OR) bed
Transport device
Team members to assist with transfer
Post-op bed
Assistive equipment
Invasive equipment

WORK TO BE PERFORMED

Transfer client/patient safely onto the OR bed prior to surgery.

Transfer client/patient safely from OR bed to transport device following surgery.

PERFORMANCE CRITERIA

Use adequate assistance with transfer of client/patient for client/patient's safety.

Skill will be performed with 100% accuracy.

Time required will vary according to the client/patient's size and alertness, number of team members present and the transport device being used.

PERFORMANCE ELEMENTS

1. Greet the client/patient upon arrival in the OR.
2. Identify the client/patient for transfer to OR bed.
3. Verify operation, site and surgeon with client/patient.
4. Secure adequate assistance to transfer client/patient to the OR bed.
5. Bring stretcher to side of OR bed; lower side rail proximal to OR bed.
6. Lock both OR bed and stretcher in place.
7. Position both OR bed and stretcher at same height.
8. Make sure all invasive lines, catheters, drainage tubes or other assistive equipment are free of entanglement.
9. Do not dislodge any invasive lines, catheters, drainage tubes or other assistive equipment.
10. Position OR team members:
    a. One person is on far side of OR bed to receive the client/patient.
    b. Other team member is on other side of stretcher to assist client/patient and maintain position of stretcher.
11. Assist client/patient with move to OR bed as they are able.
12. Lift or use assistive devices to move client/patients that are immobile or unconscious.
13. Support all invasive devices during the transfer.

When surgery is completed:

14. Verify with anesthesiologist that client/patient is stable for transfer.
15. Secure adequate OR personnel to assist with transfer.
16. Bring post-operative bed to side of OR bed.
17. Lock OR bed in place.
18. Ensure that OR bed and transfer device are at equal height.
19. Maintain airway and proper alignment during transfer.
20. Ensure that all assistive and invasive devices are free of entanglement.
21. Lift or roll (using assistive device) client/patient from OR bed to transport vehicle.
22. Raise side rails of transport device.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of transferring a client/patient on and off operating room table.

Observe the performance of transferring a client/patient on and off operating room table.

PRODUCT

Client/patient is transferred to and from the OR bed safely without incident.

PROCESS

All performance elements are critical for the safe transfer of the client/patient to and from the OR bed and are listed in an appropriate sequence. A different sequence may be used according to facility policy with special attention paid to 6 and 17.

PROVIDE COMFORT AND SAFETY MEASURES AND VERBAL AND TACTILE REASSURANCE TO THE CLIENT/PATIENT.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Transport vehicles
Operating Room (OR) table
Client/patient chart and surgical record form
Facility policy and procedures

WORK TO BE PERFORMED

Provide comfort and safety for the client/patient and communicate in a reassuring manner with the client/patient.

PERFORMANCE CRITERIA

Follow facility policy and procedure for safety.

Communicate in an appropriate manner to provide reassurance to the client/patient.

Skill will be performed with 100% accuracy.

Time will vary according to the needs of the client/patient.

PERFORMANCE ELEMENTS

1. Demonstrate principles of facility's safety program and procedures.
2. Stabilize and lock transport vehicles (beds, stretchers, wheelchairs) and OR bed when transferring client/patient on or off bed.
3. Communicate information vital to client/patient safety, i.e., preexisting medical conditions, medication history, allergies, artificial devices and/or body parts.
4. Keep noise in the OR to a minimum in presence of the client/patient.
5. Keep conversation in the OR to a minimum in the presence of the client/patient.
6. Communicate with clients/patients as condition requires and permits:
   a. Establish an environment of trust and support.
   b. Allow for family support in accord with facility policy.
   c. Understand the spiritual and psychosocial demands on clients/patients entering the OR environment.
   d. Be alert to nonverbal communication.
   e. Know cognitive, motor and psychological manifestations of anxiety.
   f. Anticipate a certain tension/increase in anxiety level in clients/patients as they approach OR.

7. Assume clients/patients can hear conversation even when sedated.
8. Ensure comfort of the client/patient as outlined in procedures for transportation, transfer of client/patient and for positioning on OR table.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles to provide comfort and safety measures and verbal and tactile reassurance to the client/patient.

Observe the performance of providing comfort and safety measures and verbal and tactile reassurance to the client/patient.

PRODUCT

Comfort and safety measures are provided for the client/patient. Verbal and tactile reassurances are provided to the client/patient.

PROCESS

All performance elements are important; however, steps 2 and 3 are critical to providing comfort and safety measures and verbal and tactile reassurance to the client/patient.

ASSIST ANESTHESIA PERSONNEL.

INTRAOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Client/patient chart and surgical record form
Pen
Verbal instructions from the anesthesia personnel
Facility policy and procedures

WORK TO BE PERFORMED

Assist the anesthesia personnel in the OR as assigned.

PERFORMANCE CRITERIA

Follow the procedures for assisting anesthesia personnel. Identify induction and maintenance and events which may happen during each stage of anesthesia.

Skill will be performed with 100% accuracy.

Time will vary according to the client/patient's condition and the anesthesia personnel's preference.

PERFORMANCE ELEMENTS

1. During Stage I (relaxation) of anesthesia, the surgical technologist is responsible to
   a. Close OR doors.
   b. Check for proper position of safety belt.
   c. Have suction available and working.
   d. Keep noise in room to a minimum.
   e. Provide emotional support for client/patient by remaining at his/her side.
   f. Assess client/patient status.
2. During Stage II (delirium) of anesthesia, the surgical technologist is responsible to
   a. Avoid stimulating the client/patient.
   b. Be available to protect extremities or to restrain the client/patient.
   c. Be available to assist anesthesiologist with suctioning.
   d. Assess client/patient status.
3. During Stage III (operative or surgical anesthesia) of anesthesia, the surgical technologist is responsible to
   a. Be available to assist anesthesiologist with intubation.
   b. Validate with anesthesiologist appropriate time for skin scrub and positioning of client/patient.
   c. Check position of client/patient's feet to ensure they are not crossed.
   d. Assess client/patient status.

4. During Stage IV (danger) of anesthesia, the surgical technologist is responsible to
   a. Be available to assist in treatment of undesirable responses, i.e., cardiac or respiratory arrest.
   b. Provide emergency drug box and defibrillation.
   c. Document administration of drugs.
   d. Assess client/patient status.
   e. Assist with equipment use.
5. Postoperative period:
   a. Accompany client/patient to post-anesthesia care unit.
   b. Provide emotional support.
   c. Provide physiological support.
   d. Report client/patient status to post-anesthesia care unit personnel.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of assisting anesthesia personnel.

Observe the performance of assisting anesthesia personnel.

PRODUCT

Assist anesthesia personnel according to the facility procedures and/or verbal instructions.

PROCESS

All performance elements are critical to assist anesthesia personnel. The steps have been numbered to show an appropriate sequence of completing the work; however, a different sequence may be used.

POSITION CLIENT/PATIENT USING APPROPRIATE EQUIPMENT AND SAFETY MEASURES.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Mayo stand or instrument table
Client/patient transfer procedures
Client/patient positions required for surgery
Client/patient chart/surgery record form
Pen
Surgeon's preference card/sheet
Equipment to support required position for procedure
Operating room (OR) table
Facility policy and procedures

WORK TO BE PERFORMED

Position client/patient in safe manner for scheduled surgery. Use appropriate equipment to maintain the required position.

PERFORMANCE CRITERIA

Maintain skin integrity of client/patient and normal function of vital systems. Ensure positioning of client/patient does not cause injury with 100% accuracy.

Time will vary according to the position and equipment necessary to safely prepare the client/patient for surgery.

PERFORMANCE ELEMENTS

1. Use surgeon's preference card/sheet to identify and confirm with the surgeon the appropriate client/patient position for the surgical procedure to be performed.
2. Evaluate the client/patient's size, nutritional status and skin condition during preoperative assessment.
3. Identify any existing respiratory, skeletal or neuromuscular limitations.
4. Identify number of team members needed for transportation and transfer of client/patient to and from the OR bed.
5. Follow transfer procedures for moving client/patient to and from the OR bed.
6. Use proper client/patient position to provide
   a. Optimum exposure of the operative site,
   b. Access for the anesthesiologist to maintain client/patient's circulatory and respiratory functions,
   c. Access for the administration of IV solutions and medications,
   d. Protection of neuromuscular and skeletal structures,
   e. Minimal interference with circulation,

f. Physiologic alignment,
g. Comfort and safety for the client/patient,
h. Preservation of client/patient's dignity.

7. Follow procedures for positioning all clients/patients for surgery:
   a. The anesthetized client/patient is never moved without checking for approval from anesthesia personnel.
   b. To prevent damage to the brachial plexus, arms are never abducted beyond 90 degrees from the shoulder.
   c. Legs must not be crossed as this creates pressure on blood vessels and nerves.
   d. Body surfaces should not be in contact with one another.
   e. Hands, feet and all pressure points should be protected with foam padding.
   f. The client/patient should not be touching any metal part of the bed.
   g. Client/patient exposure is limited to the area required for the surgical procedure.
   h. If the client/patient is conscious, all activities as well as the rationale should be explained.
   i. The instrument table, the Mayo stand, or other equipment should not be in contact with the client/patient's toes or legs.
   j. During the surgical procedure if the Mayo stand, instrument table, or operating table is moved, the client/patient must be checked for correct positioning.
   k. Movement of the anesthetized client/patient is done gently and slowly. To ensure the client/patient's safety, adequate team members must always be present when positioning the client/patient. The client/patient is lifted into position, never pushed or pulled, to avoid stretching or shearing the skin.
   l. When moving an anesthetized client/patient, the anesthesiologist guards the endotracheal tube and protects the client/patient's head and neck.
   m. The position must not obstruct any catheters, tubes or drains.
   n. Team members should not lean on the client/patient.
   o. Check pulses in all extremities.
   p. All equipment used in positioning clients/patients is padded and terminally disinfected or disposed of after use.
   q. The client/patient's position is documented as part of the intraoperative record.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of positioning client/patient using appropriate equipment to maintain the required position following safety measures.

Observe performance of positioning client/patient using appropriate equipment to maintain the required position following safety measures.

PRODUCT

The client/patient is positioned correctly using the appropriate equipment to maintain the required position.

PROCESS

All performance elements are critical to safely and comfortably positioning the client/patient for surgery and have been listed to show an appropriate sequence. Facility policy may alter parts of the sequence.

APPLY ELECTROSURGICAL GROUNDING PADS AND MONITORS.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Client/patient chart and surgical record form
Pen
Operating room (OR) table
Cotton padding or stockinette
Surgeon's preference card/sheet
Monitors
Electrosurgical grounding pads
Appropriate safety measures

WORK TO BE PERFORMED

Apply electrosurgical grounding pad and monitoring device to client/patient using appropriate safety measures.

PERFORMANCE CRITERIA

Electrosurgical grounding pads and monitors will be applied with 100% accuracy.

Time will vary according to the extent of the equipment used for the client/patient.

PERFORMANCE ELEMENTS

1. Verify that skin is intact before and after use of electrosurgical grounding pads, tourniquets and monitors.

Use of electrosurgical grounding/dispersive pads:

2. Inspect the electrical plug and cord, the foot switch cord and all electrical connections for damage.
3. Select a site for the ground pad that is over a large muscular mass.
4. Avoid bony prominence.
5. Avoid placement over implants or lead pads.
6. Place ground pad on a clean and dry area as close as possible to the operative site.
7. Eliminate client/patient contact with any device that offers a potential alternate return path for the electrical current (i.e., OR table or towel clips), whenever possible.
8. Lift or turn the client/patient to position the pad. Do not slide the pad under the client/patient.
9. Recheck the position of the ground pad and the connection of the cable if the client/patient is repositioned or moved during surgery.
10. Check that the pad adheres uniformly to the skin.
11. Remove the ground pad following use of the unit and inspect the site for skin damage. Remove it carefully, peeling it back slowly to avoid denuding the skin.

Use of monitors:

1. State purpose and type of monitor to be used with client/patient.
2. Follow manufacturer's instructions for application of monitors.
3. Assist anesthesia personnel and physician with placement of invasive monitoring devices.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles for applying electrosurgical grounding pads and monitors.

Observe the performance of applying electrosurgical grounding pads and monitors.

PRODUCT

Safety measures are followed with application of electrosurgical grounding pads and monitors.

PROCESS

All performance elements for the safe use of electrosurgical grounding pads and monitors are critical and must be performed in sequence.

POSITION AND OPERATE INSTRUMENTS, EQUIPMENT AND SUPPLIES FOR THE PROCEDURE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgeon's preference card/sheet
Assigned surgical procedure
Operating room (OR) table
Client/patient chart and surgical report form
Pen
Needles
Suture materials
Equipment
Instruments
Waste container
Facility policy and procedures

WORK TO BE PERFORMED

Position and operate instruments, equipment and supplies for the assigned surgical procedure using surgeon's preference card/sheet.

PERFORMANCE CRITERIA

Identify instruments, equipment, suture materials and needles commonly used for assigned surgical procedure.

Skill will be performed with 100% accuracy.

Time will vary according to equipment and supplies required for the procedure.

PERFORMANCE ELEMENTS

1. Select surgical instruments by function.
2. Select use of surgical instruments, equipment, suture materials and needles.
3. Demonstrate function of common types of accessory surgical equipment as required.
4. Demonstrate placement of appropriate surgical instruments, equipment, suture materials and needles for procedure.
5. Prepare surgical instruments, equipment, suture materials and needles for procedure.
6. Show proper care and disposal of surgical instruments, equipment, suture materials and needles following use for surgical case according to facility policy and procedures.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of positioning and operating instruments, equipment and supplies for the procedure.

Observe the performance for positioning and operating instruments, equipment and supplies for the procedure.

PRODUCT

Equipment is properly identified, placed and used during the surgical procedure.

PROCESS

All performance elements are critical for positioning and operating instruments, equipment and supplies for the procedure. The steps have been numbered to show an appropriate sequence of completing work: however, a different sequence may be used.

ANTICIPATE ADDITIONAL SUPPLIES DURING THE PROCEDURE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Additional supplies
Client/patient
Client/patient chart and surgical record form
Pen
Operating room (OR) table
Surgeon's preference card/sheet
Surgical procedure
Waste container

WORK TO BE PERFORMED

Anticipate need for additional supplies during assigned surgical procedure.

PERFORMANCE CRITERIA

Assure adequacy and readiness of additional equipment and supplies with 100% accuracy. Follow the flow of the surgical procedure.

Time will vary according to the need for additional supplies during the procedure.

PERFORMANCE ELEMENTS

1. Verify that appropriate emergency equipment is present and operational.
2. Review assessment report of client/patient for findings that alert to possible need for additional supplies during the surgical procedure.
3. Identify and be familiar with location of supplies.
4. State reasons for client/patient conditions that could call for additional supplies, i.e., obesity of client/patient, type of surgery, elderly clients/patients, diabetes mellitus and pediatric clients/patients.
5. Maintain continuous count of materials and supplies used and added to the surgical procedure.
6. Correlate stage of surgical procedure with standard use of supplies.
7. Anticipate materials and supplies needed to complete the procedure.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of anticipating additional supplies during the procedure.

Observe the performance of anticipating additional supplies during the procedure.

PRODUCT

Additional supplies, when needed, are provided to the surgical team in an expeditious manner.

PROCESS

All performance elements are important; however, steps 1 and 5 are critical to anticipating additional supplies during the procedure.

KEEP ACCURATE RECORDS THROUGHOUT THE PROCEDURE.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Client/patient's chart and surgical record form
Assistive/support devices
Facility policy and procedures
Pen

WORK TO BE PERFORMED

Maintain accurate records of intraoperative events.

PERFORMANCE CRITERIA

Demonstrate standard documentation expectations. Follow facility format for maintaining accurate records with 100% accuracy.

Time will vary according to the number and type of records required.

PERFORMANCE ELEMENTS

1. Record all interactions with the client/patient.
2. Records for each surgical procedure should include
   a. Client/patient identification and verification of that identity;
   b. History and physical, surgical consent form and required laboratory reports;
   c. Time of arrival in operating room (OR), manner of transport to OR and person responsible for transport;
   d. Assessment of client/patient upon arrival in OR to include level of consciousness, condition of skin, baseline physical data and presence of and disposition of any artificial and/or prosthetic devices;
   e. Positioning of client/patient including any assistive or support devices used;
   f. Placement of electrosurgical dispersive electrode and monitoring devices;
   g. Skin preparation, the solution used and area prepped;
   h. Type and location of dressing application;
   i. Placement of any drains, catheters and/or dressings;
   j. Record site, time started, solutions used and type of needle or cannula used for any intravenous products administered to the client/patient;
   k. Record medications, irrigations and solutions administered during the intraoperative period;
   l. Tourniquet use including location, pressure level, time of application and release and name of person responsible;
   m. Estimated blood and fluid loss and urinary output, as appropriate;

n. Accurate count of sponges, sharps and instruments;
o. Type of surgery performed, location of incision and special procedures used;
p. Use and location of any implants;
q. Specimens and cultures sent to the laboratory;
r. Intraoperative x-rays, lasers and fluoroscopy;
s. At discharge from OR, record time, method, location where transported and by whom.

3. Record all personnel in the room, including surgeons, observers, students and nursing personnel.
4. Complete incident reports for accidents or incidents.
5. Report to recovery room personnel including client/patient status, type of surgery completed and any particular precautions.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of keeping accurate records throughout the procedure.

Observe the performance of keeping accurate records throughout the procedure.

PRODUCT

Accurate and complete records are kept throughout surgical procedure.

PROCESS

All performance elements are important; however steps 1, 2, 4, and 5 are critical to keeping accurate records throughout the procedure.

PROPERLY CARE FOR SPECIMENS.

INTRAOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Client/patient's chart and surgical report form
Pen
Tissue specimen
Containers with lids
Preservative solutions
Label
Pathology slip
Biohazard bag
Unsterile gloves
Facility policy and procedures

WORK TO BE PERFORMED

Prepare and deliver tissue specimen for laboratory analysis.

PERFORMANCE CRITERIA

Prepare a container label and pathology slip with date, patient's name, hospital number, type of tissue, site from which specimen was obtained and type of analysis to be performed. Store tissue specimen in proper container. Ensure delivery of specimen to laboratory.

Skill will be performed with 100% accuracy.

Time will vary according to the specific care required for handling of specimens.

PERFORMANCE ELEMENTS

1. Have the surgeon identify and remove the specimen.
2. Have the surgeon state site from which the specimen was obtained.
3. Don unsterile gloves before accepting specimen.
4. Accept the specimen from the scrubbed team member.
5. Place specimen in appropriate container to keep specimen sterile/secure.
6. Verify with surgeon the type of examination requested.
7. Add appropriate preservative to the specimen container.
8. Use chart to verify client/patient information.
9. Affix label to specimen container with patient identity, facility number, date and type of tissue.
10. Check for accuracy of pathology slip containing client/patient's name, facility number, date, type of tissue, site from which tissue was removed and type of analysis requested.
11. Place pathology slip around specimen container.
12. Place specimen container in biohazard bag for transport.
13. Follow facility policy for transfer of specimen to laboratory.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of properly caring for specimens.

Observe the performance of properly caring for specimens.

PRODUCT

Specimen is obtained, labeled and transferred to the laboratory for analysis, according to facility policy and procedures.

PROCESS

All performance elements are important; however steps 1 through 13 are critical for properly caring for specimens.

OPEN GLOVING FROM STERILE SURFACE (AFTER CONTAMINATION).

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Sterile surface
Sterile gloves

WORK TO BE PERFORMED

Don new sterile gloves without violating aseptic technique following contamination of gloves during a surgical procedure.

PERFORMANCE CRITERIA

Identify and discard gloves that have been contaminated.

Skill will be performed with 100% accuracy.

Don new gloves within one minute.

PERFORMANCE ELEMENTS

1. Notify circulator.
2. Step back from the sterile field.
3. Extend contaminated glove for removal by circulator.
4. Wait for new packet of sterile gloves to be placed on sterile surface.
5. Use gloved hand to manipulate, place and open sterile glove packet.
6. Use open glove method to replace glove over hand and gown cuff without breaking sterile technique.
7. Smooth glove over fingers.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of open gloving from sterile surface after contamination.

Observe performance of open gloving from sterile surface after contamination.

PRODUCT

New sterile glove(s) are donned following contamination during the procedure.

PROCESS

All performance elements are critical and must be performed in sequence.

REMOVE GOWN AND GLOVES.

INTRAOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Facility policy and procedures
Gown
Gloves
Waste container

WORK TO BE PERFORMED

Remove gown and gloves at end of surgical procedure or when leaving assignment.

PERFORMANCE CRITERIA

Skill will be performed with 100% accuracy.

Skill will be performed in one minute.

PERFORMANCE ELEMENTS

1. Untie the front tie of the gown.
2. Have circulator untie the back neck and waist ties or grasp gown to break waist and neck closure of paper gowns.
3. Grasp gown at the shoulders.
4. Pull gown over gloved hands, turning the gown inside out.
5. Keep gown from contact with scrub clothing.
6. Fold gown following removal with contaminated surface on the inside.
7. Roll gown and deposit in linen hamper or trash receptacle (for disposable gown).
8. Grasp right rolled glove with left gloved hand.
9. Pull the right glove off, inverting the right glove as it is removed, touching only glove to glove.
10. Insert fingers of right hand under left glove to remove by touching skin to skin
11. Pull the left glove off the hand, inverting the glove as it is removed.
12. Deposit gloves in designated waste container.
13. Wash hands.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of removing gown and gloves.

Observe the performance of removing gown and gloves.

PRODUCT

Gown and gloves are removed with no contamination of skin or scrub clothing and disposed of properly.

PROCESS

All performance elements are critical and must be performed in sequence.

PREPARE, MONITOR AND DELIVER MEDICATIONS AND SOLUTIONS AT THE STERILE FIELD.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Syringe
Needles
Sterile field
Solutions
Medications
Client/patient chart and surgical procedure form
Sharps waste container

WORK TO BE PERFORMED

Prepare, monitor and deliver medications and/or solutions at the sterile surgical field.

PERFORMANCE CRITERIA

Skill will be performed with 100% accuracy.

Time will vary according to the medications and/or solutions used at the surgical field.

PERFORMANCE ELEMENTS

1. Verify the five "rights" of medication administration (right drug, right dose, right time, right route and right client/patient).
2. Check expiration date of medication.
3. Read label three times (when it is secured, when it is prepared for administration and when it is passed to the surgeon as requested).
4. Check medication and/or solution and dosage being delivered to sterile field with a second person (Registered Nurse).
5. Follow principles for safe handling of medications at the sterile field:
   a. Apply needle as needed.
   b. Purge air out of syringe and/or needles before handing medication.
   c. Never recap needles.
   d. Count all needles.
   e. Dilute medication according to manufacturer's directions.
   f. Do not use a needle that has been used to puncture a vial or withdraw solution from an ampule.
   g. Hand syringe as a knife would be handed, protecting surgical technologist and surgeon's hands.
6. Hand correct medication and/or solution to surgeon as requested, repeating name and dosage.

7. Pour solutions for use at sterile field:
   a. Surgical technologist places container to be filled at edge of sterile table.
   b. Circulator stands near edge of table to fill container.
   c. Circulator holds only lip of bottle over the container to be filled, standing at least one foot away.
8. Avoid contamination of sterile field by not reaching over sterile field.
9. Document all medications and/or solutions administered at the sterile field on patient record.
10. Discard any unused portions according to facility policy and procedures.
11. Discard needle in sharps waste container.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of preparing, monitoring and delivering medications and solutions at the sterile field.

Observe the performance of preparing, monitoring and delivering medications and solutions at the sterile field.

PRODUCT

Correct medications and/or solutions are delivered to the sterile field and recorded following the "rights" of medication administration.

PROCESS

All performance elements are important; however, steps 1 through 5 are critical to preparing, monitoring and delivering medications and solutions at the sterile field.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Surgical record form
Pen
Disposal containers for sharps
Flat surface
Sharps (scalpel, blades, needles, safety pins, etc.)
Sharps waste container
Magnetic needle mat

WORK TO BE PERFORMED

Handle sharps correctly at the surgical field, (i.e., scalpel blades, suture needles, hypodermic needles, cautery blades and needles, safety pins).

Document that all sharps are accounted for before, during and after the procedure.

PERFORMANCE CRITERIA

Demonstrate correct handling of sharps. Account for and verify all sharps, and complete documentation prior to disposal with 100% accuracy.

Time will vary according to the number of sharps present during the procedure.

PERFORMANCE ELEMENTS

1. Count sharps for the surgical procedure concurrently, visibly and aloud, with circulating nurse, before procedure begins.
2. Contain needles, scalpel blades, safety pins and other sharps on a magnetic needle mat or hard container.
3. Account for entire sharp in the event of breakage during a surgical procedure.
4. Keep any sharp removed from the surgical field separate until included in final count of sharps.
5. Prevent puncture wound injuries:
   a. Use instrument to attach blade to scalpel handle.
   b. Arm needle directly from suture packet.
   c. Pass needles in a needle holder.
   d. Do not bend or break an injection needle.
   e. Remove instruments from surgical site after use.
   f. Do not remove needle from syringe or recap injection needles.
   g. Put all used blades and needles in puncture-resistant container.
   h. Protect sharp edges of knives and scissors.
   i. Remove all blades from knife handles before sending for decontamination.
6. Protect sharp edges of instruments.

7. Pass sharp and delicate instruments to the surgeon according to surgeon preference.
8. Place the blade on scalpel handle by grasping blade at its widest, strongest part and slipping it into groove on handle.
9. Maintain continual count of sharps used during a surgical procedure.
10. Dispose of sharps in containers that are leak proof, puncture resistant, and labeled correctly as bio-hazardous materials.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of correct handling of sharps.

Observe the performance of correct handling of sharps.

PRODUCT

Correct handling of sharps used at the surgical field is demonstrated. Documentation that all sharps are accounted for before, during and after the procedure is completed.

PROCESS

All performance elements are important; however steps 1, 2, 3, 4, 5, 6, 7 and 8 are critical for the correct handling of sharps.

CLEAN AND PREPARE INSTRUMENTS FOR TERMINAL STERILIZATION/DISINFECTION.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

PPE (personal protective equipment)
Gloves
Instrument manuals
Facility policy and procedure
Standard/transmission-based precautions (universal precautions)
Instruments to be sterilized/disinfected
Cleaning solutions and disinfectant

WORK TO BE PERFORMED

Clean and prepare instruments for terminal sterilization/disinfection.

PERFORMANCE CRITERIA

The surgical technologist will follow facility policy and procedure for cleaning and preparing instruments for terminal sterilization/disinfection with 100% accuracy.

Time will vary depending on the number of instruments.

PERFORMANCE ELEMENTS

1. Don PPE.
2. Open all jointed instruments prior to cleaning.
3. Consult the instrument manual for guidance in cleaning instruments requiring special procedures, including delicate instruments, endoscopes and power equipment.
4. Prepare instruments for decontamination process according to the standard/transmission-based precautions (universal precautions).
5. Wash instruments thoroughly and carefully, avoid splashing or creating aerosols.
6. Rinse instruments completely ensuring no residue remains on instruments.
7. Allow the instruments to cool prior to checking for proper functioning, and to prevent damaging the protective coating on the surface of the instrument.
8. Separate any instruments that are spotted or damaged from the rest for recleaning and possible repair.
9. Follow facility policy when preparing the instruments for sterilization.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of cleaning and preparing instruments for terminal sterilization/disinfection.

Observe performance of cleaning and preparing instruments for terminal sterilization/disinfection.

PRODUCT

Instruments are cleaned and prepared for terminal sterilization/disinfection.

PROCESS

All performance elements are important; however, steps 1, 3, 4, 5 and 6 are critical steps for cleaning and preparing instruments for terminal sterilization/disinfection.

HELP TRANSPORT CLIENT/PATIENT TO RECOVERY ROOM.

POSTOPERATIVE PHASE

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

Facility policy and procedures
Client/patient
Client/patient chart
Operating room (OR) table
Blanket
Clean gown
Transport equipment

WORK TO BE PERFORMED

Assist the anesthesia personnel and circulating nurse with the transport of the client/patient to recovery area utilizing proper transport equipment.

Report and record client/patient information.

PERFORMANCE CRITERIA

Verify recovery reception area is prepared for client/patient. Assist with transfer of client/patient from OR table for transport to the recovery area. Provide client/patient information to the recovery area personnel with 100% accuracy.

Time will vary according to the type of surgery, consciousness of client/patient, equipment required and distance.

PERFORMANCE ELEMENTS

1. Ensure that all drainage systems are connected properly and free of obstruction.
2. Ensure client/patient is stable and ready for transfer by check with anesthesia personnel.
3. Clean client/patient washing off any blood, feces, plaster or prep solutions.
4. Place clean gown and blanket on client/patient.
5. Place the stretcher or transfer vehicle to side of OR table.
6. Lock transfer vehicle.
7. Follow guidelines for transfer of client/patient from OR table to transfer vehicle.
8. Secure all IV solution bags and drainage bags prior to transport.
9. Check that all charts and information accompanying client/patient is accurate and complete.

10. Report to the recovery area personnel information about the client/patient should include
    a. Client/patient identity, type of surgery and surgeon, type of anesthesia and anesthesia personnel;
    b. Status of client/patient that includes vital signs, preoperative and intraoperative signs and level of consciousness;
    c. Type and location of drains, packing and dressings;
    d. Medications used during surgery as well as those routinely taken by client/patient;
    e. Allergies of the client/patient;
    f. Positioning during surgery and any devices attached to the client/patient during surgery;
    g. Intake and output of client/patient during surgery.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of helping transport client/patient to recovery room.

Observe performance of helping transport client/patient to recovery room.

PRODUCT

Client/patient is safely and comfortably transported to the recovery area with the client/patient's chart and other critical information.

PROCESS

All performance elements are critical and must be performed in sequence.

ASSIST OTHER TEAM MEMBERS WITH TERMINAL CLEANING OF THE OPERATING ROOM.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Disinfectant
- PPE (personal protective equipment)
- Facility policy and procedures
- Cleaning solution
- Linen bags
- Trash receptacle
- Cleaning apparatus
- Clean linen
- Suction liners
- Operating room (OR) furniture

WORK TO BE PERFORMED

Assist other team members with terminal cleaning of the operating room following facility policy and procedures.

PERFORMANCE CRITERIA

Clean and disinfect the operating room following facility policy and procedures with 100% accuracy.

Time will vary depending upon size and contamination of operating room.

PERFORMANCE ELEMENTS

1. Don PPE
2. Clean from least contaminated to most contaminated areas.
3. Wipe overhead operating light with the disinfectant solution.
4. Wipe horizontal surfaces of all furniture with a disinfectant solution.
5. Clean the base of all OR furniture.
6. Move furniture back into place.
7. Pick up suture debris with a gloved hand and place in a contaminated trash receptacle.
8. Carry all bags to the disposal area.
9. Dispose of bags used for cleaning the room following facility policy.
10. Clean the floor with a damp mop using required disinfectant.
11. Remove gloves and wash hands.
12. Place fresh, clean linen on the operating room table.
13. Replace and check suction liners.

ASSESSMENT CRITERIA AND CREDENTIALING APPROACH

Tests of principles of assisting other team members with terminal cleaning of the operating room.

Observe the performance of assisting other team members with terminal cleaning of the operating room.

PRODUCT

The operating room is cleaned and disinfected following facility policy and procedures.

PROCESS

All performance elements are critical for the complete terminal cleaning of the operating room and must be performed in sequence.

ASSIST WITH PREPARING OPERATING ROOM FOR THE NEXT CLIENT/PATIENT.

SKILL STANDARD

CONDITIONS OF PERFORMANCE

Given the following:

- Preference card/sheet
- Facility policy and procedures
- Operating room (OR) table
- Clean linens
- Cleaning supplies and equipment
- Trash and linen bags
- Unsterile gloves
- Suction liners

WORK TO BE PERFORMED

Assist with preparing the operating room by resupplying with the equipment, instruments, supplies, linens and disposable materials according to the preferred list following decontamination of OR from previous surgery.

PERFORMANCE CRITERIA

Evaluate the completeness of the preparation according to the list of equipment and supplies and the preference card with 100% accuracy.

Time will vary according to the surgical procedure performed and surgery equipment to be replaced.

PERFORMANCE ELEMENTS

1. Don unsterile gloves after the client/patient has left the room.
2. Remove unused supplies and equipment from previous case according to facility policy and procedures.
3. Remove all soiled instruments from the room according to facility policy and procedures.
4. Spray germicidal solution on all flat surfaces, spot check room for debris.
5. Mop floor of all debris.
6. Remove suction liners and dispose of according to facility policy and procedures.
7. Remove all bags of linen, trash and supplies from previous surgery and dispose of according to facility policy and procedures.
8. Re-glove with clean unsterile gloves.
9. Replace trash and linen bags.
10. Replace suction liners.
11. Reapply clean linen to the operating bed.
12. Obtain equipment and supplies called for on the preference card/sheet of equipment and supplies for next procedure.

ASSESSMENT CRITERIA AND CREDENTIALING APROACH

Tests of principles of assisting with preparing operating room for the next client/patient.

Observe the performance of assisting with preparing operating room for the next client/patient.

PRODUCT

The operating room is prepared for the next client/patient following decontamination of OR from previous surgery. Equipment and supplies are restocked in accordance with the preference sheet/card.

PROCESS

All performance elements are important; however steps 1 through 12 are critical for preparing the OR for the next client/patient and must be performed in sequence and according to facility policy and procedures.

Academic Skills	Skills (and related knowledge) contained in the subject areas and disciplines addressed in most national and state educational standards, including English, mathematics, science, etc.
Assessment	A process of measuring performance against a set of standards through examinations, practical tests, performance observations and/or the completion of work portfolios.
Content Standard	A specification of what someone should know or be able to do to successfully perform a work activity or demonstrate a skill.
Critical Work Functions	Distinct and economically meaningful sets of work activities critical to a work process or business unit which are performed to achieve a given work objective with work outputs that have definable performance criteria. A critical work function has three major components: • **Conditions of Performance:** The information, tools, equipment and other resources provided to a person for a work performance. • **Work to Be Performed:** A description of the work to be performed. • **Performance Criteria:** The criteria used to determine the required level of performance. These criteria could include product characteristics (e.g., accuracy levels, appearance), process or procedure requirements (e.g., safety, standard professional procedures) and time and resource requirements. The IOSSCC requires that these performance criteria be further specified by more detailed individual performance elements and assessment criteria.
Credentialing	The provision of a certificate or award to an individual indicating the attainment of a designated set of knowledge and skills and/or the demonstration of a set of critical work functions for an industry/occupational area.
Illinois Occupational Skill Standards and Credentialing Council (IOSSCC)	Legislated body representing business and industry which establishes skill standards criteria, endorses final products approved by the industry subcouncil and standards development committee and assists in marketing and dissemination of occupational skill standards.
Industry	Type of economic activity, or product or service produced or provided in a physical location (employer establishment). They are usually defined in terms of the Standard Industrial Classification (SIC) system.

Industry Subcouncil	Representatives from business/industry and education responsible for identifying and prioritizing occupations for which occupational performance skill standards are adapted, adopted or developed. They establish standards development committees and submit developed skill standards to the IOSSCC for endorsement. They design marketing plans and promote endorsed skill standards across the industry.
Knowledge	Understanding the facts, principles, processes, methods and techniques related to a particular subject area, occupation or industry.
Occupation	A group or cluster of jobs, sharing a common set of work functions and tasks, work products/services and/or worker characteristics. Occupations are generally defined in terms of a national classification system including the Standard Occupational Classification (SOC), Occupational Employment Statistics (OES) and the Dictionary of Occupational Titles (DOT).
Occupational Cluster	Grouping of occupations from one or more industries that share common skill requirements.
Occupational Skill Standards	Specifications of content and performance standards for critical work functions or activities and the underlying academic, workplace and occupational knowledge and skills needed for an occupation or an industry/occupational area.
Occupational Skills	Technical skills (and related knowledge) required to perform the work functions and activities within an occupation.
Performance Standard	A specification of the criteria used to judge the successful performance of a work activity or the demonstration of a skill.
Product Developer	Individual contracted to work with the standard development committee, state liaison, industry subcouncil and IOSSCC for the adaptation, adoption or development of skill standards content.
Reliability	The degree of precision or error in an assessment system so repeated measurements yield consistent results.
Skill	A combination of perceptual, motor, manual, intellectual and social abilities used to perform a work activity.
Skill Standard	Statement that specifies the knowledge and competencies required to perform successfully in the workplace.

Standards Development Committee	Incumbent workers, supervisors and human resource persons within the industry who perform the skills for which standards are being developed. Secondary and postsecondary educators are also represented on the committee. They identify and verify occupational skill standards and assessment mechanisms and recommend products to the industry subcouncil for approval.
State Liaison	Individual responsible for communicating information among all parties (IOSSCC, subcouncil, standard development committee, product developer, project director, etc.) in skill standard development.
Third-Party Assessment	An assessment system in which an industry-designated organization (other than the training provider) administers and controls the assessment process to ensure objectivity and consistency. The training provider could be directly involved in the assessment process under the direction and control of a third-party organization.
Validity	The degree of correspondence between performance in the assessment system and job performance.
Workplace Skills	The generic skills essential to seeking, obtaining, keeping and advancing in any job. These skills are related to the performance of critical work functions across a wide variety of industries and occupations including problem solving, leadership, teamwork, etc.

Margaret Blackshere	AFL-CIO
David Emerson	Downstate National Bank
Judith Hale	Hale Associates
Michael O'Neill	Chicago Building Trades Council
Janet Payne	United Samaritans Medical Center
Gene Rupnik	Hospitality Industry
Gerald Schmidt	Illinois Manufacturing Association Caterpillar
Jim Schultz	Illinois Retail Merchants Association Walgreen Company
Larry Vaughn	Illinois Chamber of Commerce

Joseph A. Bonefeste, Ph.D.	Chair, Executive Director Illinois Health Care Cost Containment Council
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Peter Paulson, D.D.S.	Past President, Illinois State Dental Society
Creighton J. Petkovich	United Samaritans Medical Center
Jane B. Pond, L.P.N.	President, Licensed Practical Nurses Association of Illinois
Dr. Walter Zinn	Optometrist
Kathryn Torricelli	State Liaison Illinois State Board of Education

APPENDIX D

SURGICAL TECHNOLOGIST STANDARDS DEVELOPMENT COMMITTEE

Jan Atcherson	Surgical Technologist St. John's Hospital, Springfield, IL
Ruth Briggs	Director, Surgical Technology Illinois Central College
Sherrie Emerick	Surgical Technologist Blessing Hospital, Quincy, IL
Sandra Fandel	Surgical Technologist Methodist Medical Center, Metamora, IL
Mary French	Surgical Technologist Normal, IL
Elaine Holmes	Surgical Technologist Moline, IL
Connie Jones	Surgical Technologist Moline, IL
Cynthia Kauffman	Surgical Technologist St. Francis Hospital, Peoria, IL
Renee King	Surgical Technologist East Moline, IL
Sandy McKelvie	Instructor John Wood Community College Quincy, IL
Carolyn Ragsdale	Instructor, Surgical Technology Parkland College, Champaign, IL
Joann Reichert	Surgical Technologist Blessing Hospital, Quincy, IL
Mary Smith	Program Director Trinity School of Surgical Technology, Moline, IL
Mary Mulcahy, R.N., Ed.D.	Product Developer University of Illinois at Springfield
Kathryn Torricelli	State Liaison Illinois State Board of Education

I. Occupational Definition and Justification

A. Occupational Definition

The skills embodied in surgical technology are expanding beyond the traditional hospital surgical setting to the many freestanding (outpatient) surgical units. These skills describe the standards appropriate to the surgical unit, whether they are performed at a hospital facility or a freestanding surgical setting.

1. **Surgical Technologist** is an individual who provides service and support to the health care team and client/patient. The client/patient may be at any stage along the wellness/illness continuum. The Surgical Technologist will communicate with the client/patient to verify the client/patient's identity, medical information and type of procedure to be performed. The Surgical Technologist will ensure the surgical suite is prepared for the procedure by checking and obtaining instruments, supplies and equipment required according to the surgeon's preference. Intraoperative responsibilities include preparing the health care team; performing counts; preparing the client/patient; preparing and passing instruments, supplies, and equipment; maintaining accurate records during the procedure; and following the surgeon's directives. The Surgical Technologist will perform postoperative responsibilities including transporting the patient to the recovery room, terminal cleaning of the operating room and preparation of the room for the next patient.

B. Employment and Earnings Opportunities

1. Education and Training Requirements

Surgical Technologist requires basic workplace skills and technical training according to national data sources and industry/business leaders.

2. Employment Opportunities

Both in the nation and in the state, the demand for surgical technologists is expected to grow faster than the average for all occupations through 2005. The aging of the population, the expansion of health insurance coverage, and growth in outpatient facilities or "surgicenters" will affect the outlook. A growing number of people are completing training programs each year in the state. Prospects for graduates of accredited training programs should be good.

3. Earnings Opportunities

	Middle Range Annual Earnings, 1998*
Surgical Technologist	$19,760 - $22,200

** Middle range is the middle 50%, i.e., one-fourth of persons in the occupation earn below the bottom of the range and one-fourth of persons in the occupation earn above the top of the range.*

Sources: Horizons Career Information System; American Medical Association, 1996-1997 CISHHRA Wage survey; Encyclopedia of Careers & Vocational Guideance-10th Edition.

II. Occupational Standards and Credentials

A. Occupational Standards

B. Assessment and Credentialing System

III. Industry Support and Commitment

A. Industry Commitment for Development and Updating

1. The Health and Social Services Subcouncil and the Standards Development Committee developed these performance skill standards. The development effort utilized the following steps:

   a. Identification of performance skills.
   b. Review of resources.
   c. Convening of Standards Development Committee.
   d. Validation and approval of performance skills by Standards Development Committee.
   e. Development of draft performance skills.
   f. Review of skill standards by Standards Development Committee.
   g. Review and approval of the skill standards by the Subcouncil and practitioners.
   h. Approval of skill standards by the Subcouncil.

2. A list of subcouncil and Standards Development Committee members may be seen in Appendixes C and D, respectively.

B. Industry Commitment for Marketing

The Health and Social Services Subcouncil is committed to marketing and obtaining support and endorsement from the leading industry associations impacted by the skill standards. Upon recognition/endorsement of the skill standards by the Illinois Occupational Skill Standards and Credentialing Council (IOSSCC), the Subcouncil strongly recommended developing and providing an inservice/seminar package for members of the Health and Social Services Subcouncil to provide awareness and obtain full industry commitment to the development of a full industry marketing plan.

The subcouncil encourages the availability of occupational skill standards to the public including students, parents, workers, educators at all levels, employers and industry organizations.

1. All items used within a sterile field must be sterile.
2. A sterile barrier that has been permeated must be considered unsterile.
3. The edges of a sterile container are considered unsterile once the package is opened.
4. Gowns are considered sterile in from shoulder level to table level, and the sleeves to two inches above the elbows.
5. Tables are sterile only at table level.
6. Sterile persons and items touch only sterile areas; unsterile persons or items touch only unsterile areas.
7. Movement within or around a sterile field must not contaminate that field.
8. All items and areas of doubtful sterility are considered contaminated.

A. Developing an Employment Plan	1. Match interests to employment area. 2. Match aptitudes to employment area. 3. Identify short-term work goals. 4. Match attitudes to job area. 5. Match personality type to job area. 6. Match physical capabilities to job area. 7. Identify career information from counseling sources. 8. Demonstrate a drug-free status.
B. Seeking and Applying for Employment Opportunities	1. Locate employment opportunities. 2. Identify job requirements. 3. Locate resources for finding employment. 4. Prepare a resume. 5. Prepare for job interview. 6. Identify conditions for employment. 7. Evaluate job opportunities. 8. Identify steps in applying for a job. 9. Write job application letter. 10. Write interview follow-up letter. 11. Complete job application form. 12. Identify attire for job interview.
C. Accepting Employment	1. Apply for social security number. 2. Complete state and federal tax forms. 3. Accept or reject employment offer. 4. Complete employee's Withholding Allowance Certificate Form W-4.
D. Communicating on the Job	1. Communicate orally with others. 2. Use telephone etiquette. 3. Interpret the use of body language. 4. Prepare written communication. 5. Follow written directions. 6. Ask questions about tasks.
E. Interpreting the Economics of Work	1. Identify the role of business in the economic system. 2. Describe responsibilities of employee. 3. Describe responsibilities of employer or management. 4. Investigate opportunities and options for business ownership. 5. Assess entrepreneurship skills.
F. Maintaining Professionalism	1. Participate in employment orientation. 2. Assess business image, products and/or services. 3. Identify positive behavior. 4. Identify company dress and appearance standards. 5. Participate in meetings in a positive and constructive manner. 6. Identify work-related terminology. 7. Identify how to treat people with respect.

G. Adapting to and Coping with Change	1. Identify elements of job transition. 2. Formulate a transition plan. 3. Identify implementation procedures for a transition plan. 4. Evaluate the transition plan. 5. Exhibit ability to handle stress. 6. Recognize need to change or quit a job. 7. Write a letter of resignation.
H. Solving Problems and Critical Thinking	1. Identify the problem. 2. Clarify purposes and goals. 3. Identify solutions to a problem and their impact. 4. Employ reasoning skills. 5. Evaluate options. 6. Set priorities. 7. Select and implement a solution to a problem. 8. Evaluate results of implemented option. 9. Organize workloads. 10. Assess employer and employee responsibility in solving a problem.
I. Maintaining a Safe and Healthy Work Environment	1. Identify safety and health rules/procedures. 2. Demonstrate the knowledge of equipment in the workplace. 3. Identify conservation and environmental practices and policies. 4. Act during emergencies. 5. Maintain work area. 6. Identify hazardous substances in the workplace.
J. Demonstrating Work Ethics and Behavior	1. Identify established rules, regulations and policies. 2. Practice cost effectiveness. 3. Practice time management. 4. Assume responsibility for decisions and actions. 5. Exhibit pride. 6. Display initiative. 7. Display assertiveness. 8. Demonstrate a willingness to learn. 9. Identify the value of maintaining regular attendance. 10. Apply ethical reasoning.
K. Demonstrating Technological Literacy	1. Demonstrate basic keyboarding skills. 2. Demonstrate basic knowledge of computing. 3. Recognize impact of technological changes on tasks and people.
L. Maintaining Interpersonal Relationships	1. Value individual diversity. 2. Respond to praise or criticism. 3. Provide constructive praise or criticism. 4. Channel and control emotional reactions. 5. Resolve conflicts. 6. Display a positive attitude. 7. Identify and react to sexual intimidation/harassment.
M. Demonstrating Teamwork	1. Identify style of leadership used in teamwork. 2. Match team member skills and group activity. 3. Work with team members. 4. Complete a team task. 5. Evaluate outcomes.

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